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# Strong v. Intermountain Anesthesia, P.A. Clerk's Record v. 3 Dckt. 42514

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Vol. 3 of 6

IN THE  
**SUPREME COURT**  
OF THE  
STATE OF IDAHO

THOMAS L. STRONG AND BRIAN K. HAWK,

ORIGINAL

Plaintiff's/Appellants

VS.

INTERMOUNTAIN ANESTHESIA, P.A. AND  
MARCUS E. MURPHY, M.D.

Defendant's/Respondent's

Appealed from the District Court of the Seventh Judicial

District of the State of Idaho, in and for Bonneville County

Hon. J. Sundelius Magistrate Judge

Lowell N. Hawkes  
1322 E. Center  
Pocatello, ID 83201

*Attorney for Appellant*

Kevin J. Scanlan  
1087 W. River Street, Suite 300  
Boise, ID 83701

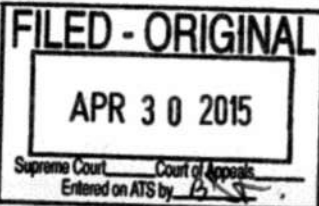
*Attorney for Respondent*

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk

By \_\_\_\_\_ Deputy

42514



Lowell N. Hawkes (ISB #1852)  
Ryan S. Lewis (ISB #6775)  
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*Attorneys for Plaintiffs*

BONNEVILLE COUNTY  
10 OCT 19 AM 10:49

**IN THE SEVENTH JUDICIAL DISTRICT COURT  
BONNEVILLE COUNTY, IDAHO**  
The Honorable Jon J. Shindurling

THOMAS L. STRONG and  
BRIAN K. HAWK,

*Plaintiffs,*

vs.

INTERMOUNTAIN ANESTHESIA, P.A.  
AND MARCUS E. MURPHY, M.D.,

*Defendants.*

Case No. CV-06-7149

**AFFIDAVIT OF  
COUNSEL**

STATE OF IDAHO )  
 : ss  
BANNOCK COUNTY )

LOWELL N. HAWKES, being first duly sworn states as follows:

1. I am lead counsel for the Plaintiffs herein and make this Affidavit on personal and professional knowledge.

2. I previously filed herein an Affidavit dated March 6, 2007 relative to the bankruptcy filing of Plaintiff Brian Hawk. That Affidavit is incorporated herein by

192000 70

reference. *Exhibit A* to that prior Affidavit included a copy of the Federal docket sheet for Mr. Hawk's bankruptcy Petition and *Exhibit B* to that Affidavit included a January 23, 2007 fax letter to Defense counsel, Kevin Scanlan, advising him of the bankruptcy filing. As paragraph 5 of that prior Affidavit pointed out, the Defendants' Motion to Dismiss was served on February 5, 2007 as was the February 13, 2007 Motion to Strike — both were in violation of Federal Law and filed after *actual* notice of the bankruptcy filing. Those dual filings with actual notice evidences an attempt to evade the automatic stay provisions of Federal Law, specifically 28 USC §362(a).

3. This Affidavit is filed in supplement to *Plaintiffs' Response to Defendants' Motion to Dismiss and Motion for Summary Judgment*. That *Response* references a number of documents, including depositions, affidavits, and medical records. Attached to this Affidavit as **Exhibit A** are copies of those documents which include the following:

- The September 29, 2010 Deposition transcript of Defendants; and
- The deposition exhibits which include: Notice of Deposition for Intermountain Anesthesia, Notice of Deposition for Marcus E. Murphy, Intermountain Anesthesia's Objection to Plaintiffs' Amended Notice of Taking Deposition Duces Tecum, Handbook for Intermountain Anesthesia, EIRMC Medical Records for Thomas Strong, and the EIRMC Medical Records for Brian Hawk.



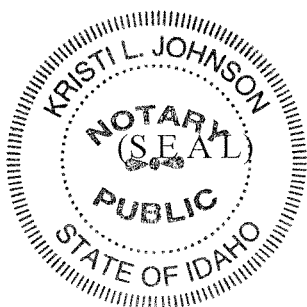
4. Attached hereto as **Exhibit B** is the Decision of this Court relative to the prelitigation and Intermountain Anesthesia entity argument.


5. Attached hereto as **Exhibit C** is the Prelitigation Screening Panel Request for Mr. Strong and Mr. Hawk that specifically included Intermountain Anesthesia as an entity through which anesthesia services were provided at the EIRMC hospital in Idaho Falls. Also attached is the cover sheet of the "Confidential" Prelitigation Screening Panel Brochure prepared by our office for the hearing on November 10, 2006 specifically stating the complaints of Tom Strong and Brian Hawk were asserted against Defendants Intermountain Anesthesia, P.A. and Dr. Marcus E. Murphy, its employee and the oversight anesthesiologist on June 25, 2004 when the anesthesia events and medical negligence at issue herein occurred.

DATED this 18<sup>th</sup> day of October, 2010

  
LOWELL N. HAWKES

SUBSCRIBED AND SWORN TO before me October 18, 2010.



  
NOTARY PUBLIC FOR IDAHO  
Residing at Pocatello  
My Commission expires April 21, 2015

# **EXHIBIT A**

**September 29, 2010**  
**Deposition Transcript of Defendants**

Deposition of:

Marcus Murphy

September 29, 2010

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

THOMAS L. STRONG and BRIAN K. HAWK,	)	
	)	
Plaintiffs,	)	Case No.
vs.	)	CV-06-7149
	)	
	)	
INTERMOUNTAIN ANESTHESIA, P.A. AND	)	
MARCUS E. MURPHY, M.D.,	)	
	)	
Defendants.	)	

DEPOSITION OF MARCUS E. MURPHY, M.D.

Wednesday, September 29, 2010, 1:00 p.m.

Idaho Falls, Idaho

Rebecca M. Martin,

CSR

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DEPOSITION OF MARCUS E. MURPHY, M.D.  
BE IT REMEMBERED that the deposition of MARCUS E. MURPHY, M.D. was taken by the attorney for the plaintiffs at the office of T&T REPORTING, located at 525 Park Avenue, Suite 1E, Idaho Falls, Idaho, before Rebecca M. Martin, Court Reporter and Notary Public, in and for the State of Idaho, on Wednesday, September 29, 2010, commencing at the hour of 1:00 p.m., in the above-entitled matter.

## APPEARANCES

For the Plaintiffs:

BY: LOWELL N. HAWKES  
ATTORNEY AT LAW  
1322 EAST CENTER  
POCATELLO, IDAHO 83201  
(208) 235-1600

FOR THE DEFENDANTS:

HALL, FARLEY, OBERRECHT & BLANTON, P.A.  
BY: KEVIN J. SCANLAN  
702 West Idaho Street, Suite 700  
Post Office Box 1271  
Boise, Idaho 83701  
(208) 395-8500

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1 (The deposition proceeded at 1:08 p.m. as follows:)  
2 MARCUS E. MURPHY, M.D.,  
3 a witness having been first duly sworn to tell the  
4 truth, the whole truth and nothing but the truth, was  
5 examined and testified as follows:  
6

## EXAMINATION

8 BY MR. HAWKES:

9 Q. Dr. Murphy, would you give me your full  
10 legal name, please?

11 A. Marcus Edward Murphy.

12 Q. Date of birth?

13 A. [REDACTED]

14 Q. Where was that?

15 A. Couer d'Alene, Idaho.

16 Q. Good for you.

17 It's my understanding that with the two  
18 depositions we have today, the 30(b)(6) for  
19 Intermountain Anesthesia, and yours personally,  
20 you'll be the witness for both; is that correct?

21 A. Yes.

22 Q. Do you feel like you've had sufficient  
23 time to prepare to meet with Mr. Scanlan so you know  
24 what's going to happen today?

25 A. Yes.

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EXAMINATION

WITNESS

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Deposition Duces Tecum
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1 Q. Have you ever given a deposition before?

2 A. No.

3 Q. Have you ever been present during a  
4 deposition?

5 A. No.

6 Q. Have you ever read a deposition,  
7 anybody's, or a portion thereof?

8 A. I don't believe so.

9 Q. Even though we're in an adversary role  
10 today, it's my intention and desire to treat you  
11 professionally and respectfully. If at any time you  
12 feel that I'm not, will you tell me?

13 A. Yes.

14 Q. It's my responsibility and desire to get  
15 information and to test answers at times. But if you  
16 feel I'm not treating you right, just say so.

17 If at any time you do not understand a  
18 question I ask, could you try to tell me what portion  
19 of it you don't understand? It's pretty customary  
20 for people to say, repeat the question. If you don't  
21 understand it, repeating it isn't going to help. Try  
22 to help me focus that way if we get there, okay?

23 A. Okay.

24 Q. I'm only asking for what you know, but  
25 not in the sense that you have absolute certainty and

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2 (Pages 2 to 5)

Page 6

1 knowledge about things. I'll be asking things you're  
2 familiar with as well. I'll be asking for what  
3 information you have that may have come from other  
4 people, which is permitted in a deposition, but  
5 probably not in a trial.

6 So I state that because sometimes a  
7 lawyer will coach a client by saying, if you know,  
8 which is a kind of a way to say, suggest you don't  
9 know that. If you have any information of what I'm  
10 asking for, I'm asking for that. I'm not asking you  
11 to guess at any time; is that fair?

12 A. Yes.

13 Q. Tell me what you did to prepare for the  
14 deposition.

15 A. I looked over some medical records for  
16 Mr. Hawk and Mr. Strong. I looked over our  
17 Intermountain Anesthesia employee handbook. I looked  
18 over the deposition -- I don't know the legal names  
19 of it -- but the deposition paperwork, and the --

20 Q. The deposition notice?

21 A. Yes, the deposition notice. And the  
22 complaint as well as the response, my response.

23 Q. Okay. Anything else?

24 A. I looked over some procedures and  
25 policies of the hospital, not of Intermountain

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1 Anesthesia, but of the Department of Anesthesia at  
2 EIRMC, and the sedation policy of EIRMC.

3 MR. HAWKES: Kevin, any problem with you,  
4 since we got one witness, we merge the two depositions  
5 into one? Is that okay with you?

6 MR. SCANLAN: You know, if we're going to do  
7 a 30(b)(6), I kind of think that we ought to make it  
8 clear when he's speaking for the corporation as  
9 opposed to him. And there's a number of reasons for  
10 that.

11 MR. HAWKES: Not a problem. I can do that.

12 MR. SCANLAN: Just so that we're clear, did  
13 you get our objection to your 30(b)(6) deposition notice?

14 MR. HAWKES: Yes, I did, uh-huh.

15 MR. SCANLAN: Just wanted to make sure that  
16 was out there already.

17 (Exhibit No. \*-001 marked.)

18 Q. BY MR. HAWKES: Dr. Murphy, is  
19 Exhibit \*-001 one of the documents that you looked  
20 at? That's an amended deposition notice for  
21 Intermountain?

22 A. I believe so.

23 (Exhibit No. \*-002 marked.)

24 Q. BY MR. HAWKES: No. \*-002 is your  
25 deposition notice. Is that what you looked at as

Page 8

1 well?

2 A. I believe so, yes.

3 (Exhibit No. \*-003 marked.)

4 Q. BY MR. HAWKES: Have you seen Deposition  
5 Exhibit \*-003?

6 A. You know, I'm not very good with legal  
7 papers. I can't remember if I've seen this one or  
8 not.

9 Q. You know, the way it's copied there,  
10 it's kind of hard to tell what time it came in.  
11 Looks like it came in around 11:04 yesterday morning  
12 to my office. You may not have seen it.

13 Any of the documents you looked at to  
14 prepare for the depositions today constitute  
15 communication between you and your lawyers?

16 A. I'm not clear on what you're asking me.

17 Q. Of the things you've told me you looked  
18 at, you haven't identified anything that was a  
19 communication with a lawyer?

20 A. No.

21 Q. Did you look at things that were  
22 communications between you and your lawyers?

23 MR. SCANLAN: To the extent that the  
24 question would take into account some sort of  
25 communication between you and me --

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1 MR. HAWKES: Talking about writing.

2 MR. SCANLAN: -- you can answer his question  
3 yes or no. You don't need to identify specifically  
4 anything that you may have reviewed.

5 THE WITNESS: I'm trying to think of all the  
6 things that we've reviewed.

7 MR. HAWKES: I'm not talking about  
8 everything you reviewed.

9 MR. SCANLAN: Your question --

10 MR. HAWKES: Let me ask my question.

11 Q. BY MR. HAWKES: I just asked you, and  
12 you answered the question on what you looked at to  
13 prepare for the deposition. You itemized those  
14 things?

15 A. Uh-huh.

16 Q. Did you exclude anything in your answer?

17 A. Not that I can think of, no.

18 Q. I didn't think you did. You didn't  
19 mention that you reviewed anything that was a letter  
20 between you and Mr. Scanlan or anybody in his law  
21 office. The things you reviewed were the things you  
22 itemized, correct?

23 A. Correct.

24 Q. And you wouldn't contend that any of  
25 those are attorney/client documents, right?

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3 (Pages 6 to 9)

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1 MR. SCANLAN: Object to the form. Calls for  
2 a legal conclusion.

3 Q. BY MR. HAWKES: Well, Department of  
4 Anesthesia policies aren't attorney/client documents,  
5 are they?

6 A. I'm not a legal expert. I wouldn't  
7 know.

8 Q. All right. If I say attorney/client is  
9 communication between a lawyer and a client,  
10 certainly a policy manual isn't, correct?

11 A. It's not between an attorney and a  
12 client.

13 Q. Your anesthesia handbook for  
14 Intermountain is something for all employees, right?

15 A. Correct.

16 Q. It's my understanding that you are an  
17 employee of Intermountain Anesthesia?

18 A. Yes.

19 Q. Have you ever practiced in your own  
20 name?

21 A. Yes.

22 Q. Let's roll back then a little bit. Off  
23 the record before the deposition started, we talked  
24 about you trying to locate an old CV you had. You  
25 thought maybe it was as old as seven years. Why

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1 don't you give me a running sketch of your education?  
2 Start with where you finished high school and give me  
3 a year. Just hit the schools and the years, let's  
4 see where that goes.

5 A. Highland High School, 1981.

6 Q. Is that in Couer d'Alene?

7 A. No. It's in Pocatello.

8 Q. Good for you. 1981?

9 A. Yes.

10 Q. Okay. Was Lionel Bowser your principal?

11 A. I didn't spend a whole lot of time with  
12 him. I don't remember who it was.

13 Q. Okay. What happened after that?

14 A. I went to BYU, graduated BYU, I think  
15 either '86 or '87.

16 Q. Did you have a mission in between there?

17 A. I did.

18 Q. Tell me about that.

19 A. LDS Spanish speaking mission to New York  
20 City.

21 Q. '82, '83, or '83, '84?

22 A. I'm not the greatest with dates. I  
23 would think it was '82, '83. I did a year of school  
24 before my mission, of college that is.

25 Q. Got you. So you think you graduated

Page 12

1 from BYU in '86. Did you have a degree?

2 A. I did.

3 Q. In?

4 A. Economics.

5 Q. Then what?

6 A. I went to medical school.

7 Q. Where?

8 A. Uniform Services University of Health  
9 Sciences.

10 Q. Is that military?

11 A. It is.

12 Q. Where, physically, is that?

13 A. Bethesda, Maryland.

14 Q. How close is it to the NIH?

15 A. About a mile.

16 Q. When did you complete that?

17 A. '92. So that means I probably graduated  
18 BYU in '87. Medical school '88 to '92, I think.

19 Q. Not a problem. I just kind of want to  
20 get the sequence and where it was.

21 Then what?

22 A. Internship, Wilford Hall Medical Center,  
23 Lackland Air Force Base, San Antonio, Texas.

24 Q. Oh my gosh. I say that because I saw  
25 how they treated you guys at Lackland. Of course

Page 13

1 maybe you got treated different as a doctor. I was  
2 at Fort Sam. Okay. And so how long were you there?  
3 Tell me the name of that again, where you did the  
4 internship?

5 A. Wilford Hall Medical Center.

6 Q. You probably didn't have to go through  
7 the typical basic training, did you?

8 A. No, I did not.

9 Q. You missed a wonderful experience.

10 How long were you at Wilford Hall, then?

11 A. I did a one-year internal medicine  
12 internship, and then three years of anesthesia  
13 training in residency.

14 Q. And a residency?

15 A. In residency.

16 Q. Take me from there; employment,  
17 education?

18 A. When I graduated from my anesthesia  
19 training, my first duty location in the Air Force was  
20 at the Air Force Academy.

21 Q. Colorado Springs?

22 A. Colorado Springs. I spent four years  
23 there at the Air Force Academy. Then I went to  
24 Elmendorf Air Force Base, Anchorage, Alaska, did  
25 three years there. Upon leaving the military --

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Page 14

1 Q. Let me back you up a little bit. Four  
 2 years in Colorado Springs, what were you doing?  
 3 A. Staff anesthesiologist.  
 4 Q. Then in Elmendorf, what were you doing?  
 5 A. Staff anesthesiologist.  
 6 Q. You probably were getting ready to tell  
 7 me how long were you at Elmendorf.  
 8 A. Three years.  
 9 Q. Like it?  
 10 A. Yes.  
 11 Q. Good.  
 12 Then what?  
 13 A. When I left the military, I left Alaska  
 14 and came here.  
 15 Q. Here, meaning Idaho Falls?  
 16 A. Idaho Falls.  
 17 Q. What did you do in Idaho Falls?  
 18 A. I went to work with Intermountain  
 19 Anesthesia in 2003.  
 20 Q. So you've been an employee of  
 21 Intermountain Anesthesia ever since?  
 22 A. Yes.  
 23 Q. I think I had some stuff that at one  
 24 time told me you were a director of Intermountain  
 25 Anesthesia. Is that correct that at one time you

Page 15

1 were?  
 2 A. I was a medical director of the  
 3 Department of Anesthesia, yes.  
 4 Q. Okay. Does Intermountain Anesthesia  
 5 have directors?  
 6 A. Intermountain Anesthesia has a  
 7 president, a vice-president, a treasurer, and a  
 8 medical director.  
 9 Q. A medical director?  
 10 A. Uh-huh.  
 11 Q. A single medical director?  
 12 A. Yes.  
 13 Q. Have you been that medical director  
 14 ever?  
 15 A. Yes.  
 16 Q. When?  
 17 A. I don't know. The exact dates, once  
 18 again, I'm not the greatest with. It's been about  
 19 two years. I think I was it for a period of three  
 20 years. Probably two years after I came. So 2005-ish  
 21 to 2008. But the dates I'd have to look up.  
 22 Q. I'm happy with a feel for it. There are  
 23 ways to check things, right?  
 24 A. Sure.  
 25 Q. You've probably held offices, not as we

Page 16

1 talked about director, single director. What offices  
 2 have you held for Intermountain Anesthesia?  
 3 A. You mean like president and those  
 4 offices?  
 5 Q. Uh-huh.  
 6 A. No, I have not.  
 7 Q. So --  
 8 A. I should point out that the director  
 9 position is not an Intermountain Anesthesia position,  
 10 but it's a hospital medical director of Department of  
 11 Anesthesia.  
 12 Q. I wondered because of the way you  
 13 answered that. To your knowledge, have there ever  
 14 been directors of Intermountain Anesthesia?  
 15 A. Since I've been there, to my knowledge,  
 16 it's always been a president, vice-president, and  
 17 treasurer.  
 18 MR. SCANLAN: Lowell, for purposes of  
 19 clarification, I think that on the Secretary of State  
 20 forms, that the shareholders, all of the shareholders  
 21 of the corporation are referred to as directors.  
 22 MR. HAWKES: I haven't looked at that  
 23 recently.  
 24 Q. BY MR. HAWKES: Are you a shareholder?  
 25 A. I am a shareholder.

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1 Q. Have you been a shareholder since you  
 2 started there?  
 3 A. No. I was an employee for a six-month  
 4 period of time.  
 5 Q. Nonshareholder employee?  
 6 A. Correct.  
 7 Q. Okay. So in terms of your private  
 8 practice, the entirety of your private practice has  
 9 been with Intermountain Anesthesia?  
 10 A. That is not correct.  
 11 Q. What am I missing here?  
 12 A. When I was in Colorado Springs, in my  
 13 spare time I did locums work.  
 14 Q. Where did you do locums work? Was it  
 15 based out of Colorado Springs, you went different  
 16 places?  
 17 A. It was based in Colorado Springs, yes.  
 18 Q. Give me some of the places you did  
 19 locums work.  
 20 A. St. Francis Hospital.  
 21 Q. In Denver?  
 22 A. No. Colorado Springs. Everything was  
 23 Colorado Springs. Penrose Main Hospital, and then  
 24 there's a Penrose surgery center. I don't know  
 25 exactly the name of it.

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5 (Pages 14 to 17)

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1 Q. Not a problem.  
 2 Where have you held licenses?  
 3 A. Pennsylvania, Colorado, Idaho. I'm  
 4 tying to remember if I held one in Alaska, but I  
 5 don't believe I did. I can't remember if I did or  
 6 not. I did not do any locums work in Alaska.  
 7 Q. Are you a member of the American Society  
 8 of Anesthesiologists?  
 9 A. Yes.  
 10 Q. Have you always been since your  
 11 residency?  
 12 A. No, I have not.  
 13 Q. When did you become an ASA member?  
 14 A. I've gone on and off with ASA depending  
 15 upon my needs and what meetings I wanted to go to,  
 16 and what I thought was best.  
 17 Q. You join in order to get the discounted  
 18 CME?  
 19 A. One of the reasons, yes.  
 20 Q. Are you a current ASA member?  
 21 A. Yes.  
 22 Q. Do you know when you were first an ASA  
 23 member?  
 24 A. I do not know that.  
 25 Q. Do you evaluate patients based on ASA

Page 19

1 standards?  
 2 A. Yes.  
 3 MR. SCANLAN: Object to the form of the  
 4 question.  
 5 Q. BY MR. HAWKES: You write on the  
 6 anesthesiology charts, you've got an ASA rating for  
 7 all patients, right?  
 8 A. There is an ASA rating on the record.  
 9 Q. There's really not another society in  
 10 the country besides ASA that deals with rating  
 11 anesthesia patients, is there?  
 12 A. I wouldn't know.  
 13 Q. You don't know of any other?  
 14 A. I know that other people use our rating.  
 15 Q. Okay. Let's see if we can get this  
 16 30(b)(6) stuff out of the way. Have you brought with  
 17 you today any documents in response to the deposition  
 18 notice for Intermountain Anesthesia?  
 19 A. I have brought no documents with me.  
 20 Counsel has. We have the employee handbook.  
 21 MR. HAWKES: Okay. Is that it, Kevin, is  
 22 that what you're giving me, just the employee  
 23 handbook?  
 24 MR. SCANLAN: Correct.  
 25 MR. HAWKES: Is there a cover sheet on it or

Page 20

1 anything?  
 2 MR. SCANLAN: No. The way that -- I just  
 3 got that yesterday. The way we had to get it was to  
 4 print it out.  
 5 MR. HAWKES: Okay.  
 6 (Exhibit No. \*-004 marked.)  
 7 MR. SCANLAN: I'm not sure if there's a  
 8 cover or something that is on the ones that's given  
 9 to the individual employees.  
 10 MR. HAWKES: Did someone give you the file,  
 11 or did they print it out once you got there?  
 12 MR. SCANLAN: They printed it out for me.  
 13 Q. BY MR. HAWKES: Let me ask you,  
 14 Dr. Murphy, is Exhibit \*-004 the document that  
 15 Mr. Scanlan is referring to that was printed out  
 16 yesterday?  
 17 A. It's a document that I was shown is the  
 18 employee handbook, yes.  
 19 Q. Does the employee handbook at  
 20 Intermountain Anesthesia exist as a document in a  
 21 binder, a folder, something, as opposed to just being  
 22 a digital file in a computer some place?  
 23 A. It's never been my need to know. I  
 24 don't know -- I've never been the president of the  
 25 group. I've seen it before. I don't know where it's

Page 21

1 held.  
 2 Q. Had you even read this document before  
 3 yesterday? Have you even read it now, I guess is my  
 4 question?  
 5 A. Yes.  
 6 Q. When did you first read it?  
 7 A. I've read through it several times when  
 8 issues or things have come up that I needed to know.  
 9 I refreshed my memory of it yesterday and today.  
 10 Q. And I may have misunderstood what I was  
 11 being told. When you needed to refresh your memory  
 12 of it, did you go some place to look at it, or did  
 13 you just open up the computer document every time?  
 14 A. I went to the president of the  
 15 corporation and said, can I look at the employee  
 16 handbook.  
 17 Q. What did he give you?  
 18 A. He would give me a sheet of paper.  
 19 Q. Or some sheets of paper, right?  
 20 A. Correct.  
 21 Q. Were you able to tell me when this  
 22 document first came into existence?  
 23 A. No.  
 24 Q. Has there been, as far as you know, an  
 25 employee handbook as long as you've been there?

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1 A. I believe so.  
 2 Q. As part of your employment, were you  
 3 required at any time to acknowledge receipt of a copy  
 4 of the employee handbook?  
 5 A. Possibly. I don't know for sure.  
 6 Q. Maybe yes, maybe no?  
 7 A. Possibly.  
 8 Q. Talks about such things as benefits and  
 9 vacation, things like that that you'd probably want  
 10 to know?  
 11 A. Yes.  
 12 Q. Kind of make sense to you that maybe one  
 13 way they'd explain that would be to give you the  
 14 document as well?  
 15 A. That would be one way.  
 16 Q. You're covered by workers' comp  
 17 insurance as an employee of Intermountain, correct?  
 18 A. I don't know the answer to that.  
 19 Q. You want to look at Section 160?  
 20 A. I've never needed to use it.  
 21 Q. That's good, huh?  
 22 A. That's great.  
 23 Q. Says here in Section 205, all employees  
 24 are paid monthly on the last day of the month. Is  
 25 that still true?

Page 23

1 A. My wife is the financial person in my  
 2 home. When we get the check, I really couldn't tell  
 3 you.  
 4 Q. Is that a direct deposit?  
 5 A. It is a direct deposit.  
 6 Q. On or about the last day, is that what  
 7 sticks in your mind?  
 8 A. I honestly couldn't say.  
 9 Q. Do you recall, has it always been direct  
 10 deposit?  
 11 A. It has not.  
 12 Q. When did that change?  
 13 A. We changed our accounting firm several  
 14 years back. Our old accounting firm would not allow  
 15 us to do direct deposit. That was one of the reasons  
 16 we switched to a new accounting firm since then.  
 17 Q. So you got a check at some point, and  
 18 you gave it to your wife, and she deposited it?  
 19 A. That is not true.  
 20 Q. You didn't get to touch your check?  
 21 A. It's not a question of whether I got to  
 22 or not, it's just a question of whether I did or not.  
 23 Q. You don't know, you don't remember?  
 24 A. Occasionally I would pick it up. Many  
 25 times my wife would pick it up and take care of the

Page 24

1 finances.  
 2 Q. How many kids do you have?  
 3 A. Four.  
 4 Q. Is your wife a Pocatello girl?  
 5 A. Yes.  
 6 Q. What was her maiden name?  
 7 A. Stedman.  
 8 Q. How does Jerry Stedman fit into your  
 9 family?  
 10 A. Father-in-law.  
 11 Q. Did you know that before this deposition  
 12 today?  
 13 A. That Jerry Stedman --  
 14 MR. SCANLAN: Did he know Jerry Stedman was  
 15 his father-in-law?  
 16 Q. BY MR. HAWKES: Did you know my  
 17 connection with Jerry Stedman?  
 18 A. Yes.  
 19 MR. HAWKES: Do you know Jerry Stedman.  
 20 MR. SCANLAN: I don't know who he is. But I  
 21 understand that he runs with you.  
 22 MR. HAWKES: Well, he's an old fart that we  
 23 got through one 10K. He also has a son [REDACTED] who  
 24 practices at Merrill and Merrill, nice young man.  
 25 Kevin, just so I'm clear, the only thing

Page 25

1 you're producing in response to the duces tecum is  
 2 this Exhibit \*-004 handbook?  
 3 MR. SCANLAN: That's correct.  
 4 MR. HAWKES: To the extent that he reviewed  
 5 the EIRMC policies, would you provide me a copy of  
 6 what he reviewed?  
 7 MR. SCANLAN: Those are not our policies,  
 8 and I don't believe that --  
 9 MR. HAWKES: I'm entitled to see anything he  
 10 reviewed. Just yes or no, will you or will you not?  
 11 MR. SCANLAN: Not without an order. That  
 12 order may be something that can be obtained through  
 13 agreement. But I don't believe that Dr. Murphy is in  
 14 a position to produce EIRMC's policies and  
 15 procedures, which would be considered to be  
 16 confidential documents without --  
 17 MR. HAWKES: Well --  
 18 MR. SCANLAN: Let me get my position on the  
 19 record. Without authorization from the hospital.  
 20 His purpose in looking at those documents was in  
 21 doing his due diligence in response to the 30(b)(6)  
 22 deposition notice to confirm that the materials that  
 23 were contained with those documents were not  
 24 Intermountain Anesthesia policies or procedures and  
 25 did not include any Intermountain Anesthesia policies

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7 (Pages 22 to 25)

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1 and procedures, but in fact were EIRMC policies and  
2 procedures.

3 So the reason for looking at that was  
4 simply to fulfill his obligation under the 30(b)(6)  
5 deposition notice and make sure that he had taken  
6 reasonable measures to identify any policies and  
7 procedures of Intermountain Anesthesia, PA.

8 Q. BY MR. HAWKES: When you reviewed the  
9 EIRMC policies and procedures, where were you  
10 physically?

11 A. First time I reviewed it?

12 Q. No. To prepare for the deposition,  
13 whenever that was. I'd assumed it was yesterday or  
14 the day before?

15 A. The first time I did it, I was at the  
16 hospital.

17 Q. Second time you did it?

18 A. I was with counsel.

19 Q. Did you have your own copy of them?

20 A. No, I did not.

21 Q. So were you with counsel at the  
22 hospital?

23 A. Yes.

24 Q. Were you looking at them in a binder?

25 A. Yes.

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1 Q. Did someone assist you to get those?

2 A. Yes.

3 Q. Who was it?

4 A. President of our corporation.

5 Q. His name is?

6 A. Jeff Taylor.

7 Q. Where did Jeff get it? Where did he get  
8 them from?

9 A. From a bookshelf in our office.

10 Q. In your office?

11 A. In Intermountain Anesthesia's office.

12 MR. HAWKES: Okay. I'd request those,  
13 Kevin. I understand what you've stated. I'm stating  
14 my request for the record.

15 MR. SCANLAN: So that it's clear,  
16 Intermountain Anesthesia's office that he's referring  
17 to is the office that's provided for their use in the  
18 hospital in the Department of Anesthesia.

19 MR. HAWKES: I understand.

20 MR. SCANLAN: Okay.

21 MR. HAWKES: It's a document in their  
22 office, not part of the hospital documents.

23 Q. BY MR. HAWKES: I think you've answered  
24 this, but you don't practice anesthesia -- you've  
25 never practiced anesthesia in Idaho Falls except with

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1 Intermountain, correct?

2 A. That is correct.

3 Q. So 100 percent, you haven't done any  
4 locum tenens work since you've been in Idaho Falls;  
5 is that correct?

6 A. I have done locum tenens for  
7 Intermountain Anesthesia.

8 Q. Where?

9 A. At EIRMC.

10 Q. Okay. But I'm talking about your  
11 work -- well, maybe you better explain it. How does  
12 locum tenens for Intermountain Anesthesia vary from  
13 your work as an employee?

14 A. I'm given time off as an employee of the  
15 Group. If I work back for the Group, it's considered  
16 locum tenens.

17 Q. So on your time off, you correct this,  
18 here's what I'm hearing you say, as an employee you  
19 probably have an obligation for so many hours or so  
20 many cases, you have time off that you're permitted  
21 to accept other work on a contract basis?

22 A. Yes.

23 Q. And when you do that, you're simply paid  
24 directly as a contract employee?

25 MR. SCANLAN: Object to the form of the

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1 question as vague and ambiguous.

2 Q. BY MR. HAWKES: Tell me how you're paid  
3 for locum tenens work. Does it just show up in your  
4 same paycheck as an employee?

5 A. It does. It will have a qualifier  
6 saying locum tenens on it.

7 Q. It just adds to your pay as an employee?  
8 It's a way in which you can enhance your base  
9 employee rate, right?

10 A. Yes.

11 Q. Okay. All the billing is done by  
12 Intermountain Anesthesia, right?

13 A. All the billing?

14 Q. Yeah. You don't do any billing in your  
15 name personally, do you?

16 A. I do not.

17 Q. All the billing for what you do is done  
18 by Intermountain Anesthesia?

19 A. I don't believe that's true. I think  
20 that when one of our bills goes to our billing  
21 company, it has our name on it. I don't know if it  
22 says Intermountain Anesthesia, or my name, or  
23 whatever.

24 Q. Intermountain Anesthesia, the provider,  
25 the money is paid to Intermountain Anesthesia, puts

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1 it in the bank and then pays you? You don't receive  
2 any money directly from patients, do you?

3 A. I do not.

4 Q. 100 percent of the money for your  
5 services goes to Intermountain Anesthesia, who in  
6 turn pays you as an employee?

7 A. Intermountain Anesthesia pays me as an  
8 employee.

9 Q. When you came to Idaho Falls, did you  
10 have to do anything to get hospital privileges?

11 A. Yes.

12 Q. What did you have to do?

13 A. I had to have an Idaho license. I had  
14 to submit a CV to the hospital. I had to give  
15 references to the hospital.

16 Q. Were you board certified when you came  
17 here?

18 A. Yes.

19 Q. Was that a requirement that you'd  
20 already met?

21 A. Yes.

22 Q. As part of your staff privileges at  
23 EIRMC, were you introduced to any anesthesia  
24 standards that were different than you had learned as  
25 a board certified anesthesiologist?

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1 Standards can vary from place to place  
2 on different things in different industries, right?

3 A. Yes.

4 Q. When you came to Idaho Falls, were you  
5 told there were any standards in Idaho Falls as  
6 related to anesthesia that were different than you  
7 had been taught and practiced as a board certified  
8 anesthesiologist?

9 MR. SCANLAN: Object to the form. Lack of  
10 foundation.

11 THE WITNESS: Are you talking about giving  
12 drugs to patients? Are you talking about -- I guess  
13 I don't understand what you're talking about as far  
14 as a standard is concerned.

15 Q. BY MR. HAWKES: I'm talking about a  
16 standard of care. Can you think of any standard of  
17 care in Idaho Falls that was different, as a  
18 standard, from anything that you had practiced, or  
19 been taught, or had learned was appropriate standard  
20 of care as a board certified anesthesiologist?

21 A. In Idaho Falls, we do cases that I  
22 didn't do in other places.

23 Q. That's not what I'm asking.

24 A. So those standards would be different  
25 for that.

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1 MR. SCANLAN: Object to the form of the  
2 question. Lack of foundation.

3 THE WITNESS: I'm not understanding what  
4 you're saying. Are you asking me if they did things  
5 differently than other places?

6 Q. BY MR. HAWKES: No. No. Let me give  
7 you this example: You understand a standard is a  
8 standard, not necessarily what everybody does, it's  
9 what they should do, correct?

10 MR. SCANLAN: Object to the form of the  
11 question. Lack of foundation.

12 THE WITNESS: I think that a standard can be  
13 different in different places.

14 Q. BY MR. HAWKES: Let's go from there. If  
15 a corner has a stop sign and everybody runs a stop  
16 sign, is the standard to run the stop sign, or is  
17 everybody careless for running the stop sign? Do you  
18 see my point? Standard is what people should do,  
19 right?

20 MR. SCANLAN: Object to the form of the  
21 question. Lack of foundation. Incomplete  
22 hypothetical.

23 THE WITNESS: I've never seen a stop sign  
24 that everybody ran.

25 Q. BY MR. HAWKES: Me neither.

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1 Q. You don't know that if you didn't do  
2 them other places.

3 A. That is true.

4 Q. In terms of what you do, can you list  
5 any standard in Idaho Falls that was different than  
6 any place else you practiced?

7 MR. SCANLAN: Lack of foundation as to time  
8 and location.

9 Q. BY MR. HAWKES: No limitation on time or  
10 location.

11 A. I can't think of anything. But I really  
12 don't understand what you're getting at.

13 Q. Well, you don't have a problem with the  
14 idea that you went to medical school, you were  
15 trained to practice anesthesia, you got board  
16 certified, and you came in to Idaho Falls,  
17 essentially the term we use is, seamlessly, right?

18 A. Yes.

19 Q. Okay. The fact that you were board  
20 certified was all they needed to know?

21 MR. SCANLAN: Object to the form of the  
22 question. Lack of foundation.

23 THE WITNESS: I would disagree to that.

24 Q. BY MR. HAWKES: It wasn't everything.  
25 In terms of being a competent anesthesiologist, that

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1 was a launch pad, nobody ever took you aside and  
2 said, Dr. Murphy, let me tell you, we do something  
3 different here than you were taught as a board  
4 certified anesthesiologist. That never happened, did  
5 it?

6 MR. SCANLAN: Is that your question, that  
7 that conversation never happened?

8 MR. HAWKES: My question is my question.

9 Q. BY MR. HAWKES: Did anybody take you  
10 aside incidental to getting EIRMC privileges and say,  
11 what you learned as a board certified  
12 anesthesiologist, as a standard on this particular  
13 thing, is not how we do it here. We do it different,  
14 did that ever happen?

15 A. No one ever took me aside and said that,  
16 no.

17 Q. You never saw a document that  
18 effectively said that either, did you?

19 A. No.

20 Q. You would expect as a board certified  
21 anesthesiologist, to essentially go anywhere to do  
22 the same things you're doing here, right?

23 MR. SCANLAN: Object to the form of the  
24 question. Lack of foundation.

25 THE WITNESS: I don't know what -- I only

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1 A. No.

2 Q. You can appreciate, I just want to know  
3 if there's something out there that you wrote down  
4 that might give us some insight because you wrote it  
5 at the time?

6 A. I can appreciate that.

7 Q. Did you, in this case, furnish a  
8 statement of events to the insurance company?

9 A. I'm trying to remember back. As I  
10 recall, I called the insurance company, said that  
11 there had been an -- no. Only once I was served  
12 papers, did I notify the insurance company.

13 Q. You had a pre-litigation. So you  
14 probably talked to the insurance company incidental  
15 to pre-litigation?

16 A. But I was served something saying I had  
17 to go to this pre-litigation.

18 Q. Really?

19 MR. HAWKES: What's that, Kevin?

20 MR. SCANLAN: The Board of Medicine sends  
21 out a notice as soon as you file a pre-lit.

22 MR. HAWKES: It says you have to show up  
23 like a subpoena?

24 MR. SCANLAN: Yeah.

25 MR. HAWKES: Okay.

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1 know the places I've been.

2 MR. HAWKES: That's fair. That's fair.

3 MR. SCANLAN: Lowell, are we in the 30(b)(6)  
4 deposition?

5 MR. HAWKES: I think we are, yeah.

6 MR. SCANLAN: I just want to make sure that  
7 we're focusing on the portion of the day that we're  
8 supposed to be.

9 MR. HAWKES: Portion of the day, I think  
10 probably I'm making a transition. I think his  
11 credentials go over on both.

12 Q. BY MR. HAWKES: Let's speak in terms now  
13 of the deposition notice just for yourself. That's  
14 Deposition Exhibit \*-002. On page 2 of that --  
15 doesn't even say that. Witness is commanded to bring  
16 with him any notes or memoranda relative to either of  
17 the plaintiffs. Do you have any notes or memoranda  
18 relative to the plaintiffs, other than you may have  
19 given your insurance company or Mr. Scanlan's office?

20 MR. SCANLAN: And other than the medical  
21 records that are contained in the files?

22 MR. HAWKES: Yeah.

23 THE WITNESS: I have no other notes.

24 Q. BY MR. HAWKES: Did you ever make any,  
25 other than what we've talked about?

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1 THE WITNESS: That's when I notified the  
2 insurance company.

3 Q. BY MR. HAWKES: You probably gave them a  
4 statement over the phone, or in writing, or  
5 something?

6 A. No. They said that my counsel would be  
7 appointed to me. I did not give the insurance  
8 company --

9 Q. You pointed at Mr. Scanlan?

10 A. I did point at Mr. Scanlan.

11 Q. Okay. Do you feel like you have a  
12 memory of the events of -- I want to say June 26th,  
13 let me see if I'm right here.

14 MR. SCANLAN: Are we now -- I want to make  
15 sure that when we're done with the 30(b)(6)  
16 deposition, that we stop that, and then we have the  
17 transcript for the individual deposition.

18 MR. HAWKES: I was just going to put it  
19 under one heading. It's one case. We've got  
20 separate deposition notices. I think I'm done with  
21 that. I'm not going to give up on the idea that I  
22 may have overlooked something when we get to the end  
23 I think I'm done with the 30(b)(6), Kevin.

24 MR. SCANLAN: Why don't we transition, and  
25 we'll have a --

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1 MR. HAWKES: Call this transition moment.

2 Q. BY MR. HAWKES: On June 26th, 2004,  
3 there were some cases that involved Thomas Strong and  
4 Brian Hawk. Do you have a memory of either of those?

5 A. I have some memory of them, yes.

6 Q. Did you do anything besides what you've  
7 told me to refresh your memory? Let me withdraw  
8 that.

9 Listen to my question pretty carefully,  
10 because it might help us and save us some time. Do  
11 you have a recall of when you were looking through  
12 the medical record or these other documents of  
13 anything striking you as saying, oh, yeah, I remember  
14 that now, the document triggered a memory that wasn't  
15 there until you looked at the document?

16 MR. SCANLAN: Object to the form.

17 THE WITNESS: I never had an ah-hah moment.

18 Q. BY MR. HAWKES: Pretty much, what was in  
19 your mind was what you read?

20 A. Well, as I read things, some things I  
21 did not remember, that is true. But I didn't have  
22 an, oh, well, I now remember.

23 Q. Anything stand out to you as  
24 significant, you know, you call it an ah-hah moment,  
25 something major as opposed to minor?

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1 MR. SCANLAN: Object to the form of the  
2 question. It's vague and ambiguous. He was  
3 reviewing things with which he was not personally  
4 involved, so he wouldn't necessarily have memories of  
5 those particular things when we're talking about his  
6 memory.

7 MR. HAWKES: That's not my question, Kevin.  
8 I'm asking him about things that were in his memory  
9 that when he read them it triggered in his mind that  
10 he had had that memory at one point.

11 Q. BY MR. HAWKES: What Kevin said is that  
12 you were reading things you had never read before; is  
13 that true?

14 MR. SCANLAN: That's not what I said.

15 Q. BY MR. HAWKES: Were you reading things  
16 you'd never read before?

17 A. There are some things I read that I'd  
18 never read before.

19 Q. My question is simply this: Among  
20 everything you read, you've told me you didn't have  
21 an ah-hah moment. To me that means, something  
22 important that you think, you know, if I had looked  
23 at this, I might not have remembered that, but I do  
24 remember it now. That didn't happen you told me,  
25 right?

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1 MR. SCANLAN: Object to the form of the  
2 question.

3 THE WITNESS: There are many things I don't  
4 remember about this case.

5 Q. BY MR. HAWKES: I can't ask you what  
6 those are, right?

7 A. You can. And I'll tell you I don't  
8 remember.

9 Q. Tell me what you do remember. You give  
10 it to me any way you want. You tell me what, without  
11 looking at documents, you have a memory of of the  
12 events of June 26th, 2004?

13 A. Now that I've looked at the documents?

14 Q. Tell me what you remember. Tell me what  
15 you feel is really in your own mind as opposed to  
16 something you have had plugged in solely because of a  
17 document.

18 A. It's very difficult to distinguish  
19 between the two now.

20 Q. Give me your best shot.

21 A. Dr. Linderman had several cases on the  
22 day. One of the cases was Mr. Strong. While he was  
23 having his anesthetic, I was called into the room.  
24 The patient was coughing, vital signs were stable.  
25 Dr. Linderman was near the end of the procedure. I

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1 can't remember exactly our conversation between her  
2 and I and the anesthetist in the room. But in the  
3 record I saw that the case continued on. At the end,  
4 incisions were closed, and the patient was  
5 transported to the recovery room.

6 Q. Can you remember any portion of the  
7 conversation you had?

8 A. No. I don't recall.

9 Q. Just that you had conversations?

10 A. I can't even recall the conversation in  
11 the room. But the fact that I went to the room, I  
12 can remember going to the room, makes me think that I  
13 did have a conversation. But I can't recall a  
14 conversation with Dr. Linderman.

15 Q. Do you remember how you were called to  
16 the room?

17 A. I don't know if I was paged overhead, if  
18 I was beeped, if I was called on a phone. I do not  
19 know how I was called.

20 Q. Any of those three ways would work?

21 A. Yes.

22 Q. Do you remember where you were when you  
23 were called to the room?

24 A. I do not.

25 Q. Do you remember if you were on the same

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1 floor?  
2 A. I do not remember where I was.  
3 Q. Do you remember if you were attending to  
4 another patient?  
5 A. I do not remember when I was.  
6 Q. Do you have any memory about other  
7 patients for which you had some anesthesia  
8 relationship that day?  
9 MR. SCANLAN: Object to the form.  
10 THE WITNESS: I remember Mr. Hawkes.  
11 Q. BY MR. HAWKES: Mr. Hawk?  
12 A. Mr. Hawk.  
13 Q. What do you remember about him? Did you  
14 talk to him before the case started?  
15 A. Yes.  
16 Q. What do you remember about that?  
17 A. I remember talking to him in what's  
18 known as the holding area. I remember coming out,  
19 after having had a meeting with Dr. Linderman and  
20 several other people in the hospital, and informing  
21 him that we felt it was best that we use  
22 short-acting, rapidly-reversing drugs to treat him.  
23 Q. So you're saying that in the holding  
24 area, you remember having a conversation. Then as  
25 you're coming out of the holding area, you remember

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1 telling him what you've just told me?  
2 A. Not coming out of the holding area. He  
3 was in the holding area, and I went to the holding  
4 area to talk to him.  
5 Q. Okay. So you remember having a meeting  
6 with somebody, several people?  
7 A. Uh-huh.  
8 Q. Have any comfort level on who that was?  
9 A. I have some comfort with some of the  
10 people. I know Dr. Linderman was present.  
11 Q. Okay.  
12 A. I know Dr. Harris was present.  
13 Q. Okay.  
14 A. I know Tim Orr was present. He was a  
15 hardware rep for one of the pieces of equipment that  
16 Dr. Linderman was using. I think, but I am not sure,  
17 that Rich Thiessen was present, who is a surgical  
18 tech. And I believe that either Melissa Wood and/or  
19 Eve Desantos was present. There could have been  
20 other people present.  
21 Q. What do Rich Thiessen and Melissa Wood  
22 do?  
23 A. Melissa Wood is an OR nurse. Rich  
24 Thiessen is a surgical tech.  
25 Q. Anything else you remember about that,

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1 besides what you've told me?  
2 A. About the people present?  
3 Q. And what was said.  
4 MR. SCANLAN: About what was said when?  
5 MR. HAWKES: In the meeting before.  
6 MR. SCANLAN: I don't think you've asked him  
7 about the meeting before.  
8 Q. BY MR. HAWKES: You said you remember  
9 having a meeting with several people?  
10 A. Uh-huh.  
11 Q. Tell me what happened at the meeting.  
12 A. At the meeting we had a discussion about  
13 the events of the case with Mr. Strong and what we  
14 could do to help prevent any adverse event with  
15 Mr. Hawk.  
16 Q. Tell me what everybody said, to the  
17 extent you have a memory of either something being  
18 said and/or who said it?  
19 A. My memory of this is very vague. It was  
20 a long time ago. What I remember, we talked about  
21 what best to do with Mr. Hawk. And we came to the  
22 conclusion it would be best -- as a group we came to  
23 the conclusion it would be best to use short-acting,  
24 easily reversible medications in the case.  
25 Q. Was there some debate about that going

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1 into the meeting?  
2 A. There was no debate about using  
3 short-acting, easily reversible drugs for Mr. Hawk.  
4 Dr. Linderman felt that was best. I felt that was  
5 best. Dr. Harris felt that was best.  
6 Q. Okay. But what I'm trying to understand  
7 is: Was that a change of the type of care that  
8 should be given for this type of procedure? The  
9 procedure for both of these gentlemen was essentially  
10 the same, wasn't it, spinal stimulator implant?  
11 A. It wasn't a spinal stimulator implant.  
12 It was a peripheral nerve stimulator implant.  
13 Q. Okay.  
14 A. We were asked to provide sedation for  
15 both cases.  
16 Q. Actually, you had more than two that  
17 day, didn't you?  
18 A. I don't recall how many.  
19 Q. Here's just my question, I want to see  
20 if we're tracking or not. Would you agree that both  
21 of these cases were similar in terms of the type of  
22 anesthesia care that should be given?  
23 A. Yes.  
24 MR. SCANLAN: Object to the form of the  
25 question. Lack of foundation.

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1 Q. BY MR. HAWKES: Short-acting, quickly  
2 reversible drugs, right?

3 A. No.

4 Q. Tell me the difference between them,  
5 then.

6 A. You asked if the type of anesthesia was  
7 similar. And I would say yes. We were asked to  
8 sedate both of these patients. The method we used to  
9 sedate could be extremely different depending on the  
10 patient, depending on the person providing the  
11 anesthesia.

12 Q. I can't tell whether you and I are  
13 disagreeing or not. I don't have a problem with you  
14 being careful. But I don't want to be dodged out of  
15 a straightforward answer, either.

16 In both of these type of patients, both  
17 of them had to be treated without a general  
18 anesthetic, you knew that, right?

19 A. Dr. Linderman wanted us to treat them  
20 without a general anesthetic. They don't have to be  
21 treated without a general anesthetic.

22 Q. But she's making that call because at  
23 times she has to have the patient give her a  
24 response, right?

25 MR. SCANLAN: Object to the form of the

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1 question and lack of foundation.

2 THE WITNESS: You have to ask her.

3 Q. BY MR. HAWKES: You don't know that?

4 A. You have to ask her.

5 Q. My question to you is: You don't know  
6 when you've got a stimulator implant, that the  
7 patient needs, at times, to be able to respond to the  
8 surgeon?

9 MR. SCANLAN: Object to the form of the  
10 question. Lack of foundation.

11 Q. BY MR. HAWKES: If you don't know, just  
12 tell me that. I can't believe that that's your  
13 answer, though.

14 A. It's not that I don't know. I will tell  
15 you that right now we do general anesthetics  
16 frequently for dorsal column stimulator placement.

17 Q. Usually there's a trial on these before  
18 there's a final implant, true?

19 A. I'm not a pain physician. But when I  
20 trained, that was the procedure.

21 Q. You're trying to find what they  
22 sometimes call the sweet spot so you get the relief  
23 that is desired by the device?

24 MR. SCANLAN: Object to the form of the  
25 question. Lack of foundation.

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1 THE WITNESS: When I've done it in the past  
2 or seen it done, it is whether the trial will work to  
3 give pain relief. That's why they do it.

4 Q. BY MR. HAWKES: And you need the patient  
5 to be able to respond and tell you, right?

6 MR. SCANLAN: Object to the form of the  
7 question and lack of foundation.

8 THE WITNESS: Which are you talking about,  
9 during the implant of the permanent, or the trial?

10 Q. BY MR. HAWKES: Placement of the leads.

11 A. Like I told you before --

12 MR. SCANLAN: Same objection.

13 THE WITNESS: -- we frequently do general  
14 anesthesia for the placement of dorsal column  
15 stimulators.

16 Q. BY MR. HAWKES: As a permanent?

17 A. Yes.

18 Q. Not as a trial?

19 A. We don't get involved with trials.

20 Q. All right. So just answer this simple  
21 question for me: When an implant is involved as a  
22 trial to see if it will work, are you generally  
23 familiar that the surgeon needs the patient awake or  
24 arousable so that they can respond and help the  
25 physician find the point at which the lead provides

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1 maximum relief? Do you understand that, yes or no?

2 MR. SCANLAN: Object to the form of the  
3 question. Compound and lack of foundation.

4 MR. HAWKES: I'll give you that objection  
5 this whole deposition. All you're doing is delaying  
6 me. You can have that this whole deposition. Every  
7 question, I'll assume that you've made that  
8 objection.

9 Q. BY MR. HAWKES: I just want to know,  
10 Doctor, do you understand that the surgeon needs that  
11 patient able to respond?

12 A. At what point, during a trial?

13 Q. Yeah.

14 A. I don't do anesthesia for trials. I  
15 have witnessed patients being evaluated after the  
16 trial has been placed.

17 Q. Answer is: You don't know?

18 A. I don't know what other people do.

19 Q. In the case of Dr. Linderman that day,  
20 did you know before these cases that she needed the  
21 patients to be able to respond to her?

22 A. I knew that she wanted the patient to be  
23 able to respond.

24 Q. All right. The general anesthesia would  
25 preclude that, correct?

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1 A. Yes.

2 Q. And that you needed short-acting,  
3 quickly reversible anesthesia in order to meet the  
4 patient's need, as well as her need in placing the  
5 device?

6 A. No.

7 Q. Correct what's wrong with that  
8 statement, then.

9 A. Short-acting doesn't have to be used.  
10 Quickly reversing does not have to be used.

11 Q. Is there an advantage to short-acting,  
12 quickly reversible?

13 A. Yes.

14 Q. What are they?

15 A. Short-acting, depending on if you mean  
16 coming on quickly and going away quickly, obviously  
17 allows the patient to have a rapid result and be  
18 cognoscente quickly. Quickly reversing, if you were  
19 into a position you didn't want to be into, you could  
20 reverse the effects of the drug.

21 Q. Is that desirable? Are both of those  
22 desirable things?

23 A. Sometimes yes, sometimes no.

24 Q. It was Dr. Linderman's desire for these  
25 patients, right?

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1 A. I do not know that, no. She asked for  
2 us to sedate them. She didn't ask for us to give a  
3 specific drug.

4 Q. Is it your testimony that at no time did  
5 she talk with you at all about her needs to  
6 communicate with the patient during the procedure?

7 A. I wasn't in doing the anesthesia --

8 Q. I understand that.

9 A. -- to the patient.

10 Q. Excuse me, I didn't want to cut you off.  
11 Finish what you were saying.

12 A. I was going to say that I was not the  
13 primary anesthesia provider for either patient.

14 Q. Didn't you do the preanesthesia  
15 evaluation for Tom Strong?

16 A. I did.

17 Q. Do you think you could find that for me  
18 in the medical record?

19 A. Yes.

20 Q. Why don't we mark one of these. Mark  
21 Tom Strong's No. \*-005.

22 (Exhibit No. \*-005 marked.)

23 Q. BY MR. HAWKES: This is the set as I  
24 received them from Mr. Scanlan. Let me do this,  
25 probably going to save us some time in the long run.

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1 This is a little bit tedious. If there is any  
2 document in that record which you have authored any  
3 portion of it, just turn it sideways, okay?

4 A. Okay.

5 Q. If as you go you can tell me the number  
6 at the bottom right, I can pull mine with you.

7 MR. SCANLAN: What he's asking is for you to  
8 identify anything that you have either typed on or  
9 that you've written on in some way, and to turn that  
10 sideways. I want to make sure you take sufficient  
11 time to look over the whole document, make sure  
12 there's nothing on there that belongs to you. If  
13 you're unsure --

14 MR. HAWKES: If you're unsure, turn it.

15 THE WITNESS: Am I to understand this is not  
16 just the June record?

17 Q. BY MR. HAWKES: It's what your counsel  
18 gave me. In the interest of time, if you have not  
19 looked at anything beyond the June record, that's  
20 fine. We don't need to go beyond that.

21 MR. SCANLAN: For the record, the materials  
22 that we provided were records that we received from  
23 Eastern Idaho Regional Medical Center relative to  
24 Mr. Strong. So it would have been all of the records  
25 that Eastern Idaho Regional Medical Center had for

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1 that patient, as I understood it.

2 MR. HAWKES: That's what we would hope.  
3 What's our Exhibit \*-003?

4 MR. SCANLAN: That was the objection to the  
5 30(b)(6) deposition notice.

6 MR. HAWKES: Did that not get marked, or did  
7 I take it away?

8 MR. SCANLAN: I think it was marked.

9 (A discussion was held off the record.)

10 THE WITNESS: Here's one that is a voice  
11 order. Do you want me to turn that?

12 Q. BY MR. HAWKES: Give me a number, bottom  
13 right-hand corner.

14 A. EIRMC S96. I didn't write this and  
15 didn't type it. It's my voice order. Is that what  
16 you're looking for?

17 Q. Sure. Yeah.

18 A. When I find them, would you like me to  
19 tell you the number?

20 Q. That would be great, thanks.

21 A. EIRMC S99. EIRMC S101.

22 Q. Looks like 101 is page 2 of 100. Would  
23 you agree with that? That's the page 2 portion that  
24 starts on S100 is page 1?

25 A. Yes.

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1 Q. But are you saying that none of the  
2 writing on page 100 is yours?  
3 A. There's a voice order.  
4 Q. Okay.  
5 A. That's mine. EIRMC S103. EIRMC S105.  
6 Q. Let me stop you at 104.  
7 A. Okay.  
8 Q. Does your name appear on 104 any place,  
9 even though the writing may not be yours?  
10 A. My name does not.  
11 Q. 105, you're signed on there on the MD  
12 line; is that it?  
13 A. Yes. I believe that's all.  
14 Q. Okay.  
15 MR. SCANLAN: Just for the record, what he's  
16 done is attempted to identify those documents upon  
17 which he wrote or inputted information, as well as,  
18 he identified a couple of documents on which there  
19 were verbal orders from him documented.  
20 MR. HAWKES: I understand. That's what we  
21 wanted to do.  
22 MR. SCANLAN: He made his best effort to do  
23 so in briefly reviewing these materials.  
24 (Exhibit No. \*-006 marked.)  
25 Q. BY MR. HAWKES: Briefly, we did it

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1 efficiently. You had enough time to look at each one  
2 to make that decision, didn't you?  
3 A. I tried to do my best.  
4 Q. I believe you did. Look at \*-006. This  
5 is the record as I received it on Brian Hawk from  
6 Mr. Scanlan. Let's do the same thing on that one.  
7 A. Once again, I am looking for my  
8 signature, or anything I've written on this?  
9 Q. Yeah. Anything you're the author of.  
10 A. EIRMC H32. EIRMC H45. EIRMC H46. I  
11 believe that's all.  
12 Q. Okay. Let's, then, go back to  
13 Exhibit \*-005 here since Mr. Strong's case was first.  
14 Let's jump right up to the first document that you  
15 identified. I have that as 96.  
16 A. Okay.  
17 Q. Tell me what portion is your authorship.  
18 A. I didn't write any of this.  
19 Q. It's an oral order, telephone order,  
20 verbal order?  
21 A. Voice order.  
22 Q. What's the voice order, the lower part?  
23 A. It says, patient may have ice chips,  
24 decrease oxygen slowly to maintain oxygen saturation  
25 at 92 percent or greater.

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1 Q. And then what's written after that?  
2 A. It says VVO/Dr. Murphy/I don't know what  
3 that says.  
4 Q. Probably somebody RN looks like?  
5 A. Looks like RN to me.  
6 Q. Can you read anything in that nurse's  
7 signature box?  
8 A. 6-25-04. Then it looks like 133,  
9 possibly zero.  
10 Q. Well, it looks like that ties into the  
11 time ordered, the thing up above, huh, so 1:30 in the  
12 afternoon. Do you have any feel for times of day on  
13 this case at all, Tom Strong's case?  
14 A. What do you mean?  
15 Q. Sometimes we say, I can remember that  
16 happened in the morning, or it happened late morning  
17 and went in the afternoon? Do you have any feel for  
18 times of day at all?  
19 A. I don't recall.  
20 Q. Whatever the record says, you wouldn't  
21 have any basis to agree or disagree with it?  
22 A. I would not.  
23 Q. Let's go to the next one, then. I have  
24 that as document 99. Is that your signature at the  
25 bottom?

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1 A. It is.  
2 Q. Is this a dictated note? How does this  
3 come into existence?  
4 A. This is a standard pre-printed order  
5 form.  
6 Q. Sometimes called a standing order? Is  
7 that one of the terminology terms that's used?  
8 A. It's not the terminology I use.  
9 Q. It's what it's labeled as, the best way  
10 to say it, Anesthesia Laboratory Diagnostic Pre-Op  
11 Testing. Is basically this an order by you?  
12 A. Yes.  
13 Q. It looks to me like the order probably  
14 would have been signed by you sometime prior to 5:10  
15 in the morning on June 25th. Would you agree with  
16 that if the nurse's entry is correct?  
17 A. No.  
18 Q. How do you read the nurse's time there  
19 on her signature right under electrocardiogram?  
20 A. It looks like 0510.  
21 Q. She would have noted it after you signed  
22 it, right?  
23 A. I do not know.  
24 Q. Isn't that the protocol? You can't note  
25 your order before you make it?

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15 (Pages 54 to 57)

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1 A. That's not under my purview. I sign the  
2 orders.  
3 Q. But you're aware that the hospitals  
4 require nurses to note a doctor's order and to note  
5 the time that they noted it, right?  
6 A. I really don't know their procedures and  
7 protocols.  
8 Q. Is that true?  
9 A. That is true.  
10 Q. You've never noticed in all your years  
11 in practice that a nurse writes noted on a doctor's  
12 order and records a date and time?  
13 MR. SCANLAN: That's not what you asked him.  
14 THE WITNESS: I've noticed that many times.  
15 I don't know the policies and procedures of the  
16 hospital.  
17 Q. BY MR. HAWKES: Okay. Was it the  
18 practice at EIRMC for nurses to note the date and  
19 time when they noted a doctor's order like document  
20 99 shows?  
21 A. You'd have to ask the nurses at EIRMC.  
22 Q. So when she writes down there 0510, that  
23 doesn't mean anything to you?  
24 A. I can guess what she's writing.  
25 Q. It's just a sheer guess, you have no

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1 idea that it's time of day?  
2 MR. SCANLAN: That's not what he said.  
3 You're misstating his testimony.  
4 Q. BY MR. HAWKES: Tell me.  
5 A. To me it looks like her writing was done  
6 on 6-25-04, that person's name, and I would best  
7 guess that that's the time that she's written down.  
8 Q. She would write that after you had  
9 signed it?  
10 A. That's where I disagree. I typically  
11 don't make it to the hospital at 5:10.  
12 Q. So nurses are noting doctor's orders  
13 before they're even signed off on, if what you said  
14 is true? You said you don't typically get to the  
15 hospital that early?  
16 A. That is correct.  
17 MR. SCANLAN: That he doesn't typically get  
18 to the hospital that early.  
19 Q. BY MR. HAWKES: That's what you said?  
20 A. Correct. Many times I'm at the hospital  
21 before that.  
22 Q. You don't have a memory on this day,  
23 though?  
24 A. No, I do not.  
25 Q. Typically, would this order be signed

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1 when the patient is in the hospital?  
2 MR. SCANLAN: Signed by who?  
3 Q. BY MR. HAWKES: You, the doctor.  
4 A. I typically sign this when I go to see  
5 the patient before an anesthetic.  
6 Q. Let me see if I understand what you're  
7 saying. You're saying you don't believe you would  
8 assign this until after you had seen Mr. Strong?  
9 A. Typically that is true.  
10 Q. The next document is 100 and 101, and  
11 initially you've identified just 101 as yours. Is  
12 that because of the signature on the MD line at the  
13 bottom?  
14 A. Yes. You asked me to identify any paper  
15 that had mine. I didn't see anything on 100 that had  
16 mine.  
17 Q. These are post anesthesia orders?  
18 A. Correct.  
19 Q. So the whole document is a document  
20 you're signing off on?  
21 A. Yes.  
22 Q. But on page 100, there's some different  
23 handwriting. Are you able to read the handwriting on  
24 page 100?  
25 A. Some of it.

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1 Q. Tell me what you can read.  
2 A. Looks like it says, noted 6-25-04, 1100,  
3 that last zero may be something different, but it  
4 looks like that.  
5 Q. Could be a 2, huh?  
6 A. Could be. Then a name, don't know who  
7 that is.  
8 Q. Down above the line that starts out  
9 other in bold, there's a 1240. Can you read that?  
10 A. 2 DSC for continued obser -- looks like  
11 O-b-s-e something a-t-e. T-something in the line  
12 with supplemental 02 voice VVO Dr. Murphy slash, and  
13 then a name that I don't know who that is.  
14 Q. Okay. So that reflects a verbal voice  
15 order from you to this nurse or nursing assistant,  
16 whatever the status was, right?  
17 A. That's what it looks like, yes.  
18 Q. And the 1240 would reflect the time?  
19 A. It says 1240.  
20 Q. Okay. Can you think of anything else  
21 that would be besides the time?  
22 A. I didn't write it. I don't know.  
23 Q. Okay. Look at page 103. Is that your  
24 signature on 103, the bottom right?  
25 A. Yes.

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16 (Pages 58 to 61)

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1 Q. Anything else on there your entry?  
 2 A. Yes.  
 3 Q. Is there anything that's not an entry by  
 4 you?  
 5 A. Patient sticker is not mine.  
 6 Q. I'm talking about just handwritten  
 7 entries. This is a form. Typically whether we call  
 8 it the patient wristband or dressograph, that's going  
 9 to be put on by somebody that's putting the chart,  
 10 right?  
 11 A. Correct.  
 12 Q. Then you fill it out?  
 13 A. Correct. They all look like mine,  
 14 although there are check marks here that anybody  
 15 could have made.  
 16 Q. Are these the type of check marks that  
 17 would be consistent with your doing a pre-anesthesia  
 18 evaluation?  
 19 A. Yes.  
 20 Q. In the upper left-hand portion under  
 21 allergies, what does that say?  
 22 A. PCN Maxalt.  
 23 Q. What's PCN mean?  
 24 A. Penicillin.  
 25 Q. What's Maxalt mean?

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1 A. Maxalt.  
 2 Q. Is Maxalt a drug?  
 3 A. Yes.  
 4 Q. Tell me about it. What does it do?  
 5 A. I'd have to look it up.  
 6 Q. Is that something the patient tells you,  
 7 I'm allergic to Maxalt?  
 8 A. Absolutely.  
 9 Q. Do you know what it's used for?  
 10 A. I'd look it up first before I said.  
 11 Q. You can't give me a professional  
 12 judgment?  
 13 A. Not right now.  
 14 Q. You got that dated 6-29-04, correct?  
 15 A. I believe that's 6-25-04.  
 16 Q. That's a 9. It's clearly a 9, isn't it?  
 17 A. Not to my eyes.  
 18 MR. SCANLAN: Objection. That misstates his  
 19 testimony.  
 20 Q. BY MR. HAWKES: You're telling me that's  
 21 a 5?  
 22 A. Looks like it to me.  
 23 Q. Is that right? Look at the center  
 24 column at the bottom. NPO last intake 1715, does  
 25 that 5 look like the 6-29 up there? That's your

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1 handwriting on the bottom, isn't it?  
 2 A. I believe it is.  
 3 Q. Did you make this document after the  
 4 fact?  
 5 A. I don't recall doing that. It would not  
 6 be my normal practice, no.  
 7 Q. The normal practice would be that you  
 8 should do an evaluation of the patient before -- this  
 9 should be completed before the case, right?  
 10 A. Correct.  
 11 Q. Normal practice would also require you  
 12 to put the correct date on a document if for some  
 13 reason you author it later, correct?  
 14 A. Any time I sign a document, I put the  
 15 date on it.  
 16 Q. It would not be --  
 17 A. I shouldn't say that. That's not  
 18 correct. If I sign this and dated that -- restate  
 19 your question.  
 20 Q. It wouldn't be proper medical record  
 21 procedure to backdate a document, would it?  
 22 A. No.  
 23 Q. Or to forward-date it?  
 24 A. To forward-date it?  
 25 Q. Backdate means a date earlier than the

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1 one when you're authoring the document. Forward-date  
 2 means to date it a date coming up?  
 3 A. No. That would not be proper.  
 4 Q. You show Tom Strong as an ASA Class I  
 5 patient, right?  
 6 A. Yes.  
 7 Q. Nobody is a higher class patient, right?  
 8 A. ASA I is as high as you can go.  
 9 Q. Can you give me the ASA definition of a  
 10 Class I patient?  
 11 A. ASA I patient is a patient who has, from  
 12 memory, minimal to no -- let me think of verbiage.  
 13 Q. I don't want you to be uncomfortable  
 14 about this. Basically, it's a patient that doesn't  
 15 have any major health problems, other than the  
 16 particular thing being dealt with, a localized type  
 17 thing, right?  
 18 A. That's close, yes.  
 19 Q. Let's go to the next one. I don't think  
 20 you told me 104 was anything you authored. But it is  
 21 the anesthesia chart for Tom Strong, right?  
 22 A. That is correct.  
 23 Q. Are you able to read this document? **340**  
 24 A. Some of it.  
 25 Q. Anesthesia provider, what does that say

17 (Pages 62 to 65)

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1 up on top?  
 2 A. Looks like it says, M. Waight.  
 3 Q. Waight or Waight? How did she say her  
 4 name?  
 5 A. Waight.  
 6 Q. Okay.  
 7 A. I don't know what's between the end of  
 8 Waight, but it looks like it is something NA.  
 9 Q. Actually, it's CRNA kind of written fast  
 10 probably, huh?  
 11 A. I don't know. But that would make  
 12 sense.  
 13 Q. She's a CRNA?  
 14 A. She is a CRNA.  
 15 Q. And then a slash and your initials, MM?  
 16 A. My initials.  
 17 Q. My recall of the EIRMC policies is that  
 18 nurse anesthetist administer anesthesia under the  
 19 supervision of an anesthesiologist; is that your  
 20 recall?  
 21 A. No.  
 22 Q. Why would your name be on there then?  
 23 A. Because I did the pre-op evaluation.  
 24 And because --  
 25 Q. This says anesthesia provider, doesn't

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1 say pre-op filler outer.  
 2 MR. SCANLAN: Is that a question?  
 3 MR. HAWKES: Yeah.  
 4 MR. SCANLAN: Make sure that he actually is  
 5 asking a question. What's the question?  
 6 Q. BY MR. HAWKES: That line says  
 7 anesthesia provider, right?  
 8 A. Yes.  
 9 Q. Are you telling me that in June of '04,  
 10 CRNAs were permitted to administer anesthesia without  
 11 there being a corresponding supervising and  
 12 responsible anesthesiologist?  
 13 A. Yes.  
 14 Q. So why were you involved at all, then?  
 15 What did you do if you did nothing to administer the  
 16 anesthesia other than what you've already told me?  
 17 A. Help me understand the question.  
 18 Q. You need me to try to fix that question?  
 19 A. I do.  
 20 Q. What would be your purpose of doing the  
 21 pre-anesthesia evaluation if you had zero oversight,  
 22 or responsibility, or position relative to the actual  
 23 administration of anesthesia?  
 24 A. By having --  
 25 MR. SCANLAN: Compound, and it assumes

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1 facts --  
 2 MR. HAWKES: It doesn't assume any facts. I  
 3 said, what did you do.  
 4 THE WITNESS: By having somebody different  
 5 than is providing the anesthesia do the pre-op  
 6 evaluation, we can investigate any problems and try  
 7 to fix those before the patient goes to surgery in a  
 8 timely fashion.  
 9 Q. BY MR. HAWKES: Did you tell Mr. Strong  
 10 you were going to be his anesthesiologist?  
 11 A. No.  
 12 Q. Do you ever do that?  
 13 A. When I'm going to be their  
 14 anesthesiologist, yes.  
 15 Q. Can you tell me what other  
 16 responsibilities you had that morning at the  
 17 hospital, if none of it following the pre-anesthesia  
 18 evaluation related to Tom?  
 19 MR. SCANLAN: Overly broad and compound.  
 20 Q. BY MR. HAWKES: Tom Strong.  
 21 A. I would have seen patients  
 22 pre-operatively.  
 23 Q. Let's back up here. Because I feel like  
 24 we're unnecessarily sparring. You've told me that at  
 25 EIRMC there's no requirement of the hospital or your

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1 anesthesia group that CRNAs administer anesthesia  
 2 only when there is some available supervising  
 3 anesthesiologist. Is that what you've told me?  
 4 A. No.  
 5 Q. Correct that for me, then. Does there  
 6 have to be an anesthesiologist connected with each  
 7 CRNA case like Mr. Strong's?  
 8 A. No. CRNAs in Idaho can be independent  
 9 practitioners.  
 10 Q. They can be?  
 11 A. Yes.  
 12 Q. I'm talking about the hospital policy.  
 13 Do you know?  
 14 MR. SCANLAN: Do you know what?  
 15 Q. BY MR. HAWKES: Do you know what the  
 16 hospital policy is on that on CRNAs being subject to  
 17 the supervision and oversight of an anesthesiologist?  
 18 A. The hospital does not require us to  
 19 supervise the CRNAs.  
 20 Q. Or even be present?  
 21 A. Or even be present.  
 22 Q. That's never been the case as far as you  
 23 know at EIRMC?  
 24 A. I have a very short tenure at EIRMC.  
 25 Q. As long as you've been there, that's

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18 (Pages 66 to 69)

Page 70

1 your understanding, right?  
 2 So you have no explanation for why your  
 3 initials are on that anesthesia provider line?  
 4 MR. SCANLAN: Misstates testimony.  
 5 THE WITNESS: I told you why it was there.  
 6 Q. BY MR. HAWKES: Tell me again.  
 7 A. Because I performed the pre-operative  
 8 evaluation.  
 9 Q. Tell me what else you can read on this.  
 10 I'm seeing an antibiotic timeline up here. Can you  
 11 read that?  
 12 A. Looks like it says one gram Ancef,  
 13 IVP -- I don't know -- then it looks like it says --  
 14 I don't.  
 15 Q. Looks to me like IV push at 0650. Does  
 16 that make sense?  
 17 A. That would not make sense.  
 18 Q. Anesthesia start at 0730 and anesthesia  
 19 end 1103?  
 20 A. 0730, 1103.  
 21 Q. Tell me what you can read, if anything,  
 22 in the induction comments?  
 23 MR. SCANLAN: I didn't hear what you --  
 24 Q. BY MR. HAWKES: Induction comments, this  
 25 box right here.

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1 A. Looks like a 1 with a zero around it. I  
 2 don't know what that says. Question mark. I don't  
 3 know. Looks like maybe ID, then below that it  
 4 says -- looks like 18-gauge lineup left, a dash, then  
 5 I don't know what that's saying other than --  
 6 Q. Does the lineup mean anything to you and  
 7 the circled L?  
 8 A. The circled L, if I were writing it,  
 9 would mean left-sided. Lineup, I don't use that  
 10 nomenclature.  
 11 Q. And you don't know what the CRNA -- you  
 12 don't know her well enough to know what she would  
 13 mean by that?  
 14 A. You'd have to ask her.  
 15 Q. Okay.  
 16 A. Looks like it says QA-UA -- QA/UA -- RM  
 17 No. 4.  
 18 Q. What does that mean to you, if anything?  
 19 A. I don't know what QA/UA is. Room No. 4,  
 20 I would think that she's in Room No. 4.  
 21 Q. A urinalysis maybe UA, huh?  
 22 A. Why she would write UA does not make  
 23 sense to me. UA could be urinalysis, but --  
 24 Q. Is Room 4 an operating room number?  
 25 A. It is.

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1 Q. Go from there.  
 2 A. Minutes dash prone.  
 3 Q. Next line?  
 4 A. Possibly PT for patient, pressure --  
 5 P-r -- P something S, I don't know, dot self dash,  
 6 approved by KJ or KL.  
 7 Q. Do you know who that would be?  
 8 A. Could be Catherine Linderman, but I  
 9 don't know for sure.  
 10 Q. It looks like it says X propofol Q-t-t.  
 11 Does that mean anything to you?  
 12 A. Q-t-t usually signifies drip, and  
 13 propofol is an anesthetic.  
 14 Q. Next line is 0845 dash 900?  
 15 A. Uh-huh.  
 16 Q. Then there's a name there?  
 17 A. Schmalz, break. Then it says 30 cc.  
 18 Q. Does that mean to you that CRNA Schmalz  
 19 came in during that 15-minute period?  
 20 A. That's what I would assume.  
 21 Q. Did you observe that?  
 22 A. No.  
 23 Q. Were you ever in that room, to your  
 24 recall?  
 25 A. Yes.

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1 Q. Were you ever in the room when both  
 2 Schmalz and Waight were in it?  
 3 A. I don't recall.  
 4 Q. Do you recall doing anything in that  
 5 room?  
 6 A. I remember going to the room. I can't  
 7 remember conversations I had or anything else. But I  
 8 remember going to the room, yes.  
 9 Q. Do you remember why you went to the  
 10 room, what motivated you to go there?  
 11 A. I can remember being called to the room.  
 12 Q. We talked about that before. You don't  
 13 remember how it was?  
 14 A. Right. I don't remember how I got  
 15 called to the room.  
 16 Q. The next line is 30 cc 5 percent. Is  
 17 that how you read that?  
 18 A. No. I would think that's a .5, looks  
 19 like there's a .5 percent dash. Then it says Ancef,  
 20 possibly gram, with -- looks like R with a dot over  
 21 it, IVP, 0945.  
 22 Q. So that would suggest some  
 23 administration of Ancef at 9:45?  
 24 A. I would think so.  
 25 Q. Now, on the graphic portion of the

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1 chart, is there a portion that's supposed to record  
 2 the drug levels?  
 3 MR. SCANLAN: Drug levels?  
 4 MR. HAWKES: Yeah. The dosages.  
 5 THE WITNESS: Dosages, or levels?  
 6 Q. BY MR. HAWKES: Dosages.  
 7 A. There is an area for dosages, yes.  
 8 Q. Where is that?  
 9 A. The upper portion of the chart. Says  
 10 agent.  
 11 Q. Just point to me so I can see what  
 12 you're --  
 13 A. Agent.  
 14 Q. And how do you read that upper portion?  
 15 Does that upper portion, in your judgment, show any  
 16 change on any of the agents?  
 17 A. There are dosages given for agents. So  
 18 under propofol, I see a dosage of 60. Then there's a  
 19 mark that I don't know what that means.  
 20 Q. And what time does that correspond to?  
 21 MR. SCANLAN: What time does what correspond  
 22 to?  
 23 MR. HAWKES: That mark.  
 24 THE WITNESS: Which mark, the 60 or the --  
 25 Q. BY MR. HAWKES: The one you said there's

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1 a mark that you don't know what it means.  
 2 A. That is right about -- little after  
 3 8:55.  
 4 Q. So that would be during the period that  
 5 Schmalz was taking over?  
 6 A. That corresponds with the break time.  
 7 Q. But you don't know what that mark means?  
 8 A. I don't.  
 9 Q. What's the proper way to record on that  
 10 line there?  
 11 MR. SCANLAN: Lack of foundation. Assumes  
 12 facts.  
 13 Q. BY MR. HAWKES: Do you know the proper  
 14 way to fill out an anesthesia chart?  
 15 A. There isn't a set standard for how to  
 16 fill out the anesthesia chart.  
 17 Q. What's supposed to be on the line that  
 18 says prop? Why is a 60 there? Why not an ABC?  
 19 What's supposed to be there?  
 20 A. Are you asking how I would do it, or how  
 21 somebody else would do it.  
 22 Q. I'll ask you how you would do it, then  
 23 I'll ask you maybe something else. What's the 60  
 24 mean to you?  
 25 A. I would have to make a guess.

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1 Q. Give me your best judgment guess.  
 2 A. My best guess would be 60 milligrams.  
 3 Q. Okay. 60 milligrams?  
 4 A. Yes.  
 5 Q. And how is that -- is that a dosage  
 6 that's constant, or is that a one-time shot?  
 7 A. It looks like it was a one-time shot.  
 8 Q. Is that drug one that can be  
 9 administered through an IV?  
 10 A. Yes.  
 11 Q. And would you expect that this would  
 12 have been administered through an IV, the 60  
 13 reference?  
 14 A. Yes.  
 15 Q. Can you think of any reason why there  
 16 would be ever anything, if there was an  
 17 administration of propofol, that would be other than  
 18 a number?  
 19 MR. SCANLAN: Vague and ambiguous. Lack of  
 20 foundation.  
 21 THE WITNESS: Yes.  
 22 Q. BY MR. HAWKES: Give me an example.  
 23 A. Propofol comes in an ampule.  
 24 Q. All right. Okay. Of a particular size  
 25 and dosage, right?

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1 A. No. It comes in multiple ampules.  
 2 Q. Multiple sizes and dosages?  
 3 A. Yes.  
 4 Q. So you would record the dosage there on  
 5 that line?  
 6 A. I would not.  
 7 Q. Where would you record it, in the box  
 8 here?  
 9 A. I would not record an ampule like that.  
 10 Q. Is it really your answer that  
 11 Intermountain Anesthesia didn't teach their people to  
 12 have a uniform way of completing an anesthesia chart?  
 13 A. Yes.  
 14 MR. SCANLAN: Misstates testimony.  
 15 MR. HAWKES: He's answered it.  
 16 Q. BY MR. HAWKES: Anybody can fill out  
 17 this chart any way they want, and you have to guess  
 18 what they mean. That's your answer, right?  
 19 MR. SCANLAN: Misstates testimony.  
 20 THE WITNESS: That's not what I said.  
 21 Q. BY MR. HAWKES: Well, are you telling me  
 22 that there was any standard, or teaching, or practice  
 23 whatsoever on how this graphic portion was to be  
 24 filled out relative to drugs?  
 25 A. By whom?

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20 (Pages 74 to 77)

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1 Q. By the people administering them?  
 2 A. Who's standard?  
 3 Q. The hospital, Intermountain Anesthesia,  
 4 I'll take either one.  
 5 A. No. There is not a standard.  
 6 Q. No standard.  
 7 So it would be acceptable to even  
 8 completely leave out the administration of a drug; is  
 9 that what you're saying?  
 10 A. No.  
 11 Q. It would not be acceptable to not make  
 12 an entry if a drug were administered, correct?  
 13 A. Correct.  
 14 Q. But it would be acceptable to make an  
 15 entry without disclosing the dosage of the drug that  
 16 was given; is that what you're saying?  
 17 A. No. What I'm trying to say is Mary  
 18 Waight writes a dash mark or a one mark under  
 19 fentanyl. I don't do that. I write a 50 mark,  
 20 meaning how many micrograms are in 1 cc. There isn't  
 21 a standard. One person might use cc's. One person  
 22 might use micrograms.  
 23 Q. In terms of propofol, are you saying  
 24 that it would be acceptable to not record the dosage  
 25 of propofol given if it were given?

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1 A. That's not what I'm saying.  
 2 Q. The standard would require that it be  
 3 disclosed, wouldn't it, that it be noted?  
 4 A. The standard would say that you should  
 5 note that it was given.  
 6 Q. This is an order to allow for continuity  
 7 care, oversight, review, all of those things, right?  
 8 A. Yes. But I did not say that there's a  
 9 standard that you have to write the dosage when you  
 10 give the drug.  
 11 Q. When do you write it, then?  
 12 MR. SCANLAN: When do you write what?  
 13 Q. BY MR. HAWKES: The dosage.  
 14 A. We don't always write the dosage.  
 15 Q. I'm not asking you what you don't always  
 16 do. I'm asking you what you should do. I thought  
 17 you just told me that it would not be appropriate to  
 18 give a drug without recording what you gave in terms  
 19 of dosage?  
 20 A. I didn't say dosage. I said that we  
 21 gave the drug.  
 22 Q. So your answer is: The standard of  
 23 Intermountain Anesthesia was: It was totally  
 24 acceptable on an anesthesia chart to report the  
 25 administration of a drug and not record the dosage?

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1 MR. SCANLAN: Misstates testimony.  
 2 THE WITNESS: I didn't talk --  
 3 Q. BY MR. HAWKES: Can't have it both ways.  
 4 Which is it?  
 5 A. I didn't take about the standard for  
 6 Intermountain Anesthesia.  
 7 Q. Do you have a standard?  
 8 A. I told you no.  
 9 Q. You've never had a standard. So as an  
 10 anesthesiologist or a CRNA at EIRMC on the date of  
 11 Tom Strong's case, there was no requirement that a  
 12 CRNA or anesthesiologist record the dosage given of a  
 13 drug administered to a patient. Are you going to  
 14 stick with that answer?  
 15 A. I'm saying that Intermountain Anesthesia  
 16 has not told me that there's a standard to do.  
 17 There's a typical practice that I do, and it's  
 18 different from Mary Waight.  
 19 Q. Is it acceptable practice to you that  
 20 somebody administer a drug to a patient and not  
 21 record the dosage given?  
 22 A. Yes.  
 23 Q. Why? Why would that be acceptable to  
 24 you for a patient and the doctor and the hospital not  
 25 to know the dosage that was given of a drug? How can

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1 that ever be excused?  
 2 A. What's your question to me?  
 3 Q. My question is: How is it ever  
 4 excusable for someone to administer a drug to a  
 5 patient and not make a record of the dosage that was  
 6 given?  
 7 A. Are you asking me for an example of how  
 8 that would happen?  
 9 Q. I'm not talking about how it could  
 10 happen. People could simply not do it, like maybe  
 11 happened here. I'm saying, how is it acceptable?  
 12 MR. SCANLAN: Are you asking him for an  
 13 example of an acceptable situation?  
 14 Q. BY MR. HAWKES: I'll ask you the  
 15 question again. How would it ever be acceptable, in  
 16 your judgment as a professional, as an MD, for any  
 17 provider to give a drug to a patient in a hospital  
 18 setting and not record the dosage?  
 19 A. The only way I can see to answer that is  
 20 to give you an example.  
 21 Q. If that's the only way, then give it to  
 22 me.  
 23 A. When I do complex heart cases and the  
 24 blood pressure drops for a short period of time, I  
 25 frequently have a drug in line to help me pull the

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1 blood pressure back. I don't draw up a specific  
 2 quantity. I simply turn the dial on the IV bag and  
 3 give several drips of the drug to help bring the  
 4 pressure back. I don't know exactly how many  
 5 micrograms or milligrams or cc's or drops that were  
 6 given. I just give enough to bring about the effect  
 7 that I want.  
 8 Q. How about propofol? Can you give me an  
 9 example on propofol?  
 10 A. I don't personally do that with  
 11 propofol.  
 12 Q. Let's go to document 105.  
 13 MR. SCANLAN: Now's probably the time that  
 14 you want to go and pump your meter.  
 15 MR. HAWKES: Yeah. Let's do that. Take a  
 16 potty break.  
 17 (A break was taken from 3:00 p.m. to  
 18 3:13 p.m.)  
 19 Q. BY MR. HAWKES: Go back to 104.  
 20 A. Yeah.  
 21 Q. The anesthesia chart. Let's see if I  
 22 can save us a whole bunch of time here?  
 23 A. Okay.  
 24 Q. Do you have a recall that there was an  
 25 incident that happened with Mr. Strong that involved

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1 an airway obstruction and propofol dose being turned  
 2 up from where CRNA Waight had it?  
 3 A. I don't recall anything about propofol  
 4 until I read through the record.  
 5 Q. Okay.  
 6 A. I was called to the room, I recall that.  
 7 And I recall Mr. Strong coughing.  
 8 Q. Is that all you remember?  
 9 A. Well, you said airway obstruction, and I  
 10 wasn't there for an airway obstruction. I know he  
 11 was coughing. He was coughing.  
 12 Q. Did you see anybody do anything?  
 13 A. When I got to the room, we talked to  
 14 Mr. Strong -- I talked to Mr. Strong -- well, I can't  
 15 remember if I talked to him, or if the nurse  
 16 anesthetist in the room talked to him. I honestly  
 17 can't remember what I did. I can remember going  
 18 there. I can remember looking at the vitals, and  
 19 they were stable, meaning not way out of whack, and  
 20 safe for him.  
 21 Q. Is that all you remember?  
 22 MR. SCANLAN: About being in the room?  
 23 Q. BY MR. HAWKES: About what I asked you,  
 24 that airway obstruction, coughing, whatever?  
 25 A. I remember him coughing.

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1 Q. Okay. Did you ever have a discussion  
 2 with Schmalz or Waight about Schmalz having turned up  
 3 the propofol infusion when he took over the case?  
 4 A. I don't recall having that discussion.  
 5 Q. Did you overhear anything from anybody  
 6 where Schmalz acknowledged that he had increased the  
 7 propofol infusion to general anesthesia levels?  
 8 A. I don't recall him talking about  
 9 increasing dosages, or anybody else talking about  
 10 that. I remember reading it in the chart.  
 11 Q. Do you have any reason to believe that  
 12 didn't happen?  
 13 MR. SCANLAN: Agree that what didn't happen?  
 14 Q. BY MR. HAWKES: That he increased the  
 15 dosage.  
 16 A. Like I said, only time I have heard  
 17 about that is in what I've read in the chart.  
 18 Q. My question to you is: Do you have any  
 19 reason to believe that wasn't what happened, that he  
 20 increased the dosage?  
 21 A. I wasn't there. I don't know what  
 22 happened. I don't have a reason to believe that he  
 23 turned it down, just as much as I don't have reason  
 24 to believe that he turned it up.  
 25 Q. Except that that's recorded in the

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1 chart, that it got increased?  
 2 A. What's recorded in the chart?  
 3 Q. You said you read it in the chart  
 4 somewhere?  
 5 A. Right.  
 6 Q. Do you have any reason to disagree with  
 7 that entry?  
 8 A. I don't have any reason to agree or  
 9 disagree with it.  
 10 Q. Would a patient that's not intubated be  
 11 more susceptible to an airway collapse or  
 12 compression?  
 13 MR. SCANLAN: Than a patient that is  
 14 intubated?  
 15 MR. HAWKES: Uh-huh.  
 16 THE WITNESS: First I wouldn't say  
 17 compression. If you're talking, is it more likely  
 18 for a patient who's not intubated to have an airway  
 19 obstruction, that would be a matter of opinion,  
 20 because there are many things that cause airway  
 21 obstruction with an endotracheal tube in place. You  
 22 can have a plug on the endotracheal tube.  
 23 Q. BY MR. HAWKES: Sure. But the real  
 24 reason, the overall general big reason for an  
 25 endotracheal tube is to maintain a patent airway,

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22 (Pages 82 to 85)



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1 right?  
 2 A. Correct.  
 3 Q. Without a tube, a person's normal  
 4 anatomy positioning may impinge upon what otherwise  
 5 would be a patent airway if you had a tube in, right?  
 6 A. Could cause that.  
 7 Q. Basic physiology. Did you see anybody  
 8 do anything to assist Mr. Strong in his breathing or  
 9 to clear his airway?  
 10 A. When I got to the room, I remember that  
 11 he was coughing. So he was maintaining his own  
 12 airway at that time.  
 13 Q. But he may be coughing because he's got  
 14 some restriction of some kind on his airway, right?  
 15 MR. SCANLAN: Assumes facts.  
 16 THE WITNESS: There are many things that you  
 17 can cough from.  
 18 Q. BY MR. HAWKES: But that would be one of  
 19 them?  
 20 A. Possibly.  
 21 Q. So, for instance, be pretty common in  
 22 your training if you got a coughing patient who's not  
 23 intubated, to probably just extend their neck back a  
 24 little bit and straighten out that airway, right?  
 25 MR. SCANLAN: Are you still giving me

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1 throughout these --  
 2 MR. HAWKES: Yeah. This whole deposition  
 3 you can have.  
 4 MR. SCANLAN: I have form and foundation  
 5 objections for every question?  
 6 MR. HAWKES: Absolutely.  
 7 MR. SCANLAN: Thank you.  
 8 MR. HAWKES: I just want to get done today  
 9 and get my Chinese food.  
 10 THE WITNESS: Can you restate the question  
 11 after all that?  
 12 Q. BY MR. HAWKES: Sure. Pretty common  
 13 training, even at the nursing level, if somebody  
 14 appears to be choking or whatever, make sure they got  
 15 a clear airway, tilt their head back, right?  
 16 A. Tilt their head back is one of the  
 17 maneuvers, yes.  
 18 Q. Did you see anybody do that on Tom  
 19 Strong?  
 20 A. Like I said, when I came in, Mr. Strong  
 21 was able to lift his own head, and he was coughing on  
 22 his own.  
 23 Q. As you understand the practices, would  
 24 it have been proper at any time to have left  
 25 Mr. Strong unattended in terms of the CRNA or

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1 anesthesiologist role?  
 2 A. What do you mean by unattended?  
 3 Q. Leave the table.  
 4 MR. SCANLAN: Vague and ambiguous.  
 5 Q. BY MR. HAWKES: Leave the head of the  
 6 table?  
 7 A. Frequently we're not at the head of the  
 8 table.  
 9 Q. I'm not talking about what you may  
 10 frequently do. I'm talking about what should be  
 11 done.  
 12 A. It's frequently appropriate to not be at  
 13 the head of the table.  
 14 Q. In order to do what?  
 15 A. Many cases are done at a 90-degree angle  
 16 to the anesthesia machine. Many cases are done 180  
 17 degrees from the anesthesia machine.  
 18 Q. Would you agree that the  
 19 anesthesiologist's or CRNA's role during an operative  
 20 procedure is to monitor the patient's vitals?  
 21 A. Yes.  
 22 Q. And to monitor the patient visually?  
 23 A. Yes.  
 24 Q. Can you then think of a good reason to  
 25 walk away from a patient where you can't monitor or

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1 see them if you're in the anesthesia role?  
 2 MR. SCANLAN: Vague and ambiguous as to what  
 3 you mean by, walk away from the patient.  
 4 THE WITNESS: I don't get what you're  
 5 talking about. There are times when I'm not looking  
 6 right at the patient, I might be looking at an IV  
 7 site to figure out what's going on with it. At that  
 8 point I'm not looking at the monitor. I would not  
 9 say that I abandoned my patient.  
 10 Q. BY MR. HAWKES: I don't have a problem  
 11 with that. Would you agree that that would be  
 12 acceptable to move away where you couldn't, by  
 13 turning your head, observe the patient or your  
 14 monitors?  
 15 A. It is my practice to be able to observe  
 16 the patient and my monitors as I need during the  
 17 case.  
 18 Q. That's anesthesia's responsibility to  
 19 monitor the patient, right?  
 20 A. Yes.  
 21 Q. Did you ever have a discussion about  
 22 Mr. Strong having had an airway obstruction because  
 23 of an increase in the dosage of propofol? Did you  
 24 have that discussion with anybody?  
 25 A. Sounds like two questions to me.

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23 (Pages 86 to 89)

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1 Q. Answer either one you can.

2 MR. SCANLAN: Objection. When you're not  
3 identifying what it is you want him to ask.

4 Q. BY MR. HAWKES: Let me ask the question  
5 again. You're sparring with me. I think we're  
6 wasting a lot of time.

7 Did you ever have a discussion with  
8 anybody about Mr. Strong having an airway obstruction  
9 related to an increase in dosage of propofol? That's  
10 one question. It's a yes or no.

11 A. I never talked to anybody about  
12 Mr. Strong having an airway obstruction due to an  
13 increase in propofol.

14 Q. Did you have a conversation in which  
15 someone said that and you heard those words?

16 A. I don't recall, but they -- I don't  
17 recall.

18 Q. Did you ever have a discussion with  
19 Mr. Strong after he left the operative room about him  
20 having suffered negative pressure pulmonary edema?

21 A. Yes.

22 Q. Tell me about it. Tell me everything  
23 that you said. Everything that he said. Who was  
24 present. When it occurred?

25 A. I had two discussions with Mr. Strong

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1 where -- I don't have great recollection of this, but  
2 I do have some recollection. One was in the recovery  
3 room post procedure, where I -- after the chest X-ray  
4 was done where I told Mr. Strong that it was most  
5 likely that he had negative pressure pulmonary edema,  
6 and that's why he was coughing.

7 Q. For our record, tell me what negative  
8 pressure pulmonary edema is.

9 A. Negative pressure pulmonary edema occurs  
10 when the airway is closed off, usually at the glottic  
11 opening, and the person tries to take a deep breath.  
12 Because of the closed airway, there is negative  
13 pressure inside of the lungs, and you can bring fluid  
14 into areas of the lung that are typically only --  
15 typically only have gas there.

16 Q. Anything else you told him in the  
17 recovery room?

18 A. I don't recall specifics.

19 Q. Anything he said to you?

20 A. I don't recall any of his specific  
21 words.

22 Q. Tell me about the second conversation  
23 you said you had with him.

24 A. Second conversation was up in his room.  
25 I went up to see how he was doing. I believe it was

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1 the next day. And the reason I went back to see him  
2 was because in the recovery room, patients typically  
3 have some amount of sedation still on board, and  
4 their memory is sometimes vague. So I wanted to go  
5 back and let him know why he had stayed in the  
6 hospital, why we were looking at him, why he might  
7 have had some coughing, and to make sure that he was  
8 doing well.

9 Q. Remember anything else?

10 A. I remember telling him that it was most  
11 likely that he had negative pressure pulmonary edema,  
12 and that he should, at his age, rapidly improve from  
13 it.

14 Q. Anything else?

15 A. I don't recall any more specifics.

16 Q. Did you tell him that part of it was his  
17 fault because he took a deep breath?

18 A. No.

19 Q. Did you tell him that somebody made a  
20 mistake, screwed up, words to that effect --

21 A. No.

22 Q. -- that allowed that to happen?

23 A. No.

24 Q. Did you tell him that if he had been any  
25 older, you might not have been able to bring him

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1 back?

2 A. No.

3 Q. Did you say anything to him about  
4 long-term ramifications of what had occurred?

5 A. As I stated earlier --

6 Q. Other than what you've told me, is the  
7 answer no?

8 A. No.

9 Q. Did you mention anything about hardening  
10 in the lung and lung capacity impairment?

11 A. I don't know what that means.

12 Q. Well, hardening of tissues, you know if  
13 you lose the elasticity of the lung, you don't have  
14 the same capacity to breathe, right?

15 A. Destroying elastic recoil of the lung?

16 Q. Anything that would destroy elasticity?

17 A. No.

18 Q. No discussions at all about reduced lung  
19 capacity as one of the possible sequela of what  
20 happened?

21 A. Long-term, is that what you're talking,  
22 or short-term?

23 Q. Short-term or long-term, any discussion  
24 at all on that topic.

25 A. I can see myself -- like I said, I don't

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24 (Pages 90 to 93)

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1 recall exactly. Short-term, for sure I can see  
2 myself saying he would have some short-term day or  
3 two, no longer than a week.  
4 Q. Did you ever see any frothy-type fluid  
5 from his mouth?  
6 A. Yes.  
7 Q. When was that?  
8 A. In the recovery room.  
9 Q. What does that indicate to you?  
10 A. It can indicate one of a number of  
11 things. It can be -- typically when somebody coughs  
12 and they bring up blood, you think that the blood is  
13 coming from the lung. In this person, where he was  
14 coughing intraoperatively, it made me think about  
15 negative pressure pulmonary edema.  
16 Q. Do you think you had a discussion with  
17 him about the frothiness and what he coughed up being  
18 related to negative pressure pulmonary edema, or is  
19 it limited to what you've told me you remember  
20 saying?  
21 MR. SCANLAN: Can you ask that question  
22 again, or read it back?  
23 (The record was read.)  
24 THE WITNESS: I'm sure I talked to him about  
25 coughing and possibly about his sputum. I don't know

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1 about that. But I'm sure I talked with him about his  
2 coughing, why he was coughing was possibly due to  
3 negative pressure pulmonary edema.  
4 Q. BY MR. HAWKES: Do you agree that the  
5 anesthesia chart makes no reference to what we've  
6 been talking about in terms of the incident in the  
7 airway obstruction?  
8 A. It states that there's coughing.  
9 Q. Where is that at?  
10 MR. SCANLAN: The anesthesia chart, there's  
11 multiple parts to the anesthesia chart.  
12 Q. BY MR. HAWKES: Tell me where it is.  
13 I'm on page 104.  
14 MR. SCANLAN: Is that the only page you're  
15 referring to as the anesthesia chart?  
16 MR. HAWKES: That's all I'm referring to  
17 right now.  
18 THE WITNESS: On the anesthesia record, down  
19 at the bottom of the graph portion, it says  
20 spontaneous assisted controlled, and then simples.  
21 Above the spontaneous line, if you go to the middle,  
22 time would have been just before the 9 above, it says  
23 coughing.  
24 Q. BY MR. HAWKES: Right here?  
25 A. Correct.

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1 Q. In your practice, would there be a way  
2 to indicate the time interval the coughing applied  
3 to? Is there anything there that tells you during  
4 what time interval the coughing applied to?  
5 A. In my practice, I would write that under  
6 the area that they were coughing. So I don't know  
7 what they meant. But to me, five minutes till 9,  
8 start coughing, and they write the word. Whether  
9 it's that duration, or whether that's how big the  
10 word coughing is, I don't know. That's what I would  
11 do in my practice.  
12 Q. That's my understanding, that each of  
13 those little squares is five minutes.  
14 A. That is correct.  
15 Q. You would make an entry to correspond  
16 with the time -- if the word were short, you could  
17 use a couple of lines to extend it out to cover the  
18 time range, right?  
19 A. I don't know how this person did it.  
20 It's been so long.  
21 Q. How would you do it if the coughing had  
22 started at 8:15, would you -- you can't write  
23 coughing really long?  
24 A. Personally what I would do is in this  
25 block here, I would put, 8:15-coughing. So that the

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1 length of the word didn't determine any ambiguity  
2 with time.  
3 Q. You'd probably enter the time that  
4 coughing ended, too, wouldn't you? Because you're  
5 talking about duration?  
6 A. Possibly. The beginning would be more  
7 important to me than the end.  
8 Q. Well, certainly if it was a short  
9 incident, 8:15 would be enough. If it continued for  
10 some period of time, 5, 10, 15, 20 minutes you'd want  
11 to record that, wouldn't you?  
12 A. That's a possibility.  
13 Q. Wouldn't you?  
14 A. What is coughing? Is it one cough every  
15 five minutes, do I have to record that? Or is it a  
16 continuous coughing, coughing, coughing. That's  
17 where the ambiguity comes in for me.  
18 Q. If it was continuous, would you record  
19 it through the duration?  
20 A. Like I said, I would for sure write the  
21 beginning of it if I were doing the record.  
22 Q. If it was continuous, would you report  
23 when it finally got under control and ceased?  
24 A. I would probably write a time patient  
25 vital signs improved.

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25 (Pages 94 to 97)

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1 Q. Did you have, as a result of this deal,  
2 any sort of a confrontation with Dr. Linderman?  
3 A. After -- yes.  
4 Q. Tell me about it.  
5 A. After this, I was called into the room.  
6 I --  
7 Q. Do you know who by?  
8 A. I don't.  
9 Q. Okay.  
10 A. I was called into the room. Saw the  
11 patient was coughing. As I stated before, all that  
12 happened, then I stepped out of the room. When the  
13 patient was in the recovery room, I came back to the  
14 recovery room, and Dr. Linderman was there. I spoke  
15 with her in the recovery room.  
16 Q. Tell me what was said.  
17 A. I don't remember the exact words. But  
18 it was something to the effect of: We're not going  
19 to be able to do the same type of sedation for your  
20 next patient as this patient.  
21 Q. Did you tell her why?  
22 A. I don't remember the exact words.  
23 Q. Did she ask you why?  
24 A. I don't remember.  
25 Q. What was your state of mind as to why

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1 you said that to her?  
2 A. My state of mind was: This patient had  
3 just had an adverse event in the operating room, and  
4 I wanted to prevent any harm from happening to our  
5 next patient to avoid anything like that.  
6 Q. What did you think the cause of the  
7 adverse event was?  
8 MR. SCANLAN: Assumes facts.  
9 Q. BY MR. HAWKES: You said adverse event.  
10 A. I did say adverse event.  
11 Q. What was the cause of it that you were  
12 trying to avoid?  
13 MR. SCANLAN: It assumes facts.  
14 THE WITNESS: The adverse event, to me, was  
15 possible negative pressure pulmonary edema.  
16 Q. BY MR. HAWKES: Okay.  
17 A. The cause of that is multifactorial.  
18 Q. What were you going to do to avoid it,  
19 then?  
20 A. I was going to make changes on the  
21 anesthesia side and ask her to make changes on the  
22 surgical side.  
23 Q. Tell me about it. Did you make changes?  
24 A. We talked about changes. Not in that  
25 meeting right there. But we then had a meeting with

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1 everybody involved in the case, and we made changes  
2 in that meeting.  
3 Q. Were the changes, changes that you  
4 thought should be made?  
5 A. I was pleased with the changes that we  
6 came up with, yes.  
7 Q. And what were they?  
8 A. From the anesthesia side?  
9 Q. Uh-huh.  
10 A. From the anesthesia side, we decided  
11 that it would be best for Mr. Hawk to use  
12 short-acting, reversible drugs.  
13 Q. Okay. Is that it? That was fentanyl  
14 and Versed, right?  
15 A. Yes.  
16 Q. Was there anything said by you at any  
17 time that there would be a limitation on the amount  
18 of drugs that would be used?  
19 A. No.  
20 Q. Did you ever have a disagreement with --  
21 disagreement is not the word I want. Did you ever  
22 have a conversation with Dr. Linderman, in substance  
23 or effect, that she should take her cases elsewhere?  
24 A. I don't recall having that conversation.  
25 Q. Any discussion about drugs besides

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1 Versed and fentanyl?  
2 A. I don't recall exactly, but I'm sure we  
3 talked about propofol.  
4 Q. But by that I meant, in terms of what  
5 you were going to do different for Mr. Hawk?  
6 A. Uh-huh.  
7 Q. Was there any discussion that you would  
8 use anything besides fentanyl and Versed?  
9 MR. SCANLAN: Object to the form of the  
10 question. It assumes that fentanyl and Versed are  
11 the drugs that --  
12 MR. HAWKES: He just said they were.  
13 MR. SCANLAN: -- were discussed.  
14 Q. BY MR. HAWKES: Didn't you tell me that  
15 you talked about using fentanyl and Versed?  
16 A. I did.  
17 Q. All right. Did you talk about using any  
18 other drug?  
19 A. We talked about using short-acting,  
20 reversible anesthetics.  
21 Q. And that conversation included specific  
22 reference to fentanyl and Versed, but talked about  
23 the general description of short-acting, quickly  
24 reversible drugs, right?  
25 A. Correct.

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1 Q. Did you talk about propofol?  
2 A. I don't recall the specifics, but I'm  
3 sure it came up, yes.  
4 Q. Did you talk about propofol would not be  
5 used?  
6 A. Yes.  
7 Q. Did you and Dr. Linderman have any  
8 disagreement over that?  
9 A. No.  
10 Q. What I understand from your prior answer  
11 is: There was never any discussion on your part that  
12 the dosage of drugs, the short-acting, quickly  
13 reversible drugs would be limited?  
14 A. Correct.  
15 Q. Would you agree it was still the  
16 responsibility of anesthesia to oversee the patient  
17 in the same role that it had before? Would you agree  
18 with that?  
19 A. Yes.  
20 Q. And the purpose of anesthesia being  
21 there is to alleviate the patient's pain consistent  
22 with what the procedure needs to accomplish, right?  
23 A. I would not agree with that statement.  
24 Q. What would you have to do to fix that  
25 statement that you'd be comfortable with it?

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1 A. In a MAC anesthetic or sedation  
2 anesthetic that we're involved in, anesthesia is  
3 responsible for monitoring vital signs, helping with  
4 sedation, and the surgical is -- surgeon is primarily  
5 responsible for surgical site pain relief.  
6 Q. Surgical site?  
7 A. Correct.  
8 Q. So what does fentanyl or Versed do,  
9 then, if it isn't to provide pain relief?  
10 A. Versed has no pain relief properties.  
11 Q. What does it do?  
12 A. It is an amnestic. It is a sedative.  
13 Q. Helps you forget the pain, amnestic,  
14 right?  
15 But fentanyl certainly is a pretty  
16 powerful painkiller that can be reversed fast, but  
17 fentanyl is a pretty powerful drug, isn't it?  
18 A. It is.  
19 Q. And you're not saying Dr. Linderman's  
20 responsibility was to administer the amount of  
21 fentanyl that would deal with pain, are you?  
22 A. No.  
23 Q. What was she supposed to do?  
24 A. She was supposed to use local  
25 anesthetics in the operative area to minimize the

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1 patient's pain.  
2 Q. Do you dispute that Mr. Hawk actually  
3 endured pretty terrific pain in his procedure?  
4 A. I wasn't there during his procedure.  
5 I've looked at the record, and the record doesn't  
6 indicate that he had -- his vital signs don't support  
7 the fact that he was in horrific pain.  
8 Q. Is there any reason why, if fentanyl was  
9 capable of dealing with pain that he had, it could  
10 not have been given?  
11 A. Sure.  
12 Q. Give me anything based on fact.  
13 A. We could give fentanyl, and we gave  
14 fentanyl to Mr. Hawk. But just as the heroin addict  
15 takes too much heroin and dies, if too much fentanyl  
16 were given, it could cause problems to Mr. Hawk.  
17 Q. Let me see if I can get us on either a  
18 common understanding or a common ground. It's my  
19 understanding, it's the information given me by  
20 Mr. Hawk and Dr. Linderman, that he had some pretty  
21 terrific pain, and that you had instructed the CRNAs  
22 to not give more than 2 cc of fentanyl or  
23 2 milligrams of Versed. And that's why he had the  
24 pain, because you put a ceiling on the dosage of  
25 fentanyl at 2 cc?

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1 MR. SCANLAN: What's the question?  
2 Q. BY MR. HAWKES: Did that happen?  
3 A. No. In fact, if you look at the record,  
4 it shows that the patient received 2 milligrams of  
5 Versed, and 5 cc of fentanyl.  
6 Q. You made reference to drug addicts and  
7 the fentanyl being given at a dosage that could kill  
8 them. Do you remember that comment?  
9 A. Yes.  
10 Q. What do you think the safe  
11 administration range of fentanyl would have been for  
12 a patient like Mr. Hawk?  
13 A. There's no way for me to say he could  
14 receive a specific amount of drug. What I would have  
15 to do is I'd have to look at his response to the  
16 medication that was given.  
17 Q. If his response was -- if the facts were  
18 that, hey, I'm in terrific pain still, could you have  
19 given more than the 5 cc you say is referenced?  
20 A. If the vital signs supported giving  
21 more, we could give more. Or we could ask  
22 Dr. Linderman to take care of the pain on her side.  
23 Q. You could do, essentially, what we might  
24 call a trial? You could give a little bit more and  
25 see how his vitals held up. If they started to drop, 350

27 (Pages 102 to 105)

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1 you might want to reverse it, right?

2 A. That might sound good to the layperson.

3 But it's not that easy in anesthesia.

4 Q. Tell me what you would do if you were  
5 satisfied that the patient's vitals were good, he was  
6 otherwise healthy, but he's telling you he's in  
7 terrific pain?

8 A. We would give a small dose more, or ask  
9 the surgeon to help with pain control.

10 Q. Did you ever have any discussion with  
11 the CRNAs relative to them feeling they were  
12 instructed to limit the dosage given Mr. Hawk, even  
13 if he were in terrific pain?

14 A. I feel like you're trying to say that I  
15 had a discussion with the CRNAs about this.

16 Q. I'll restate it. I'm just trying to ask  
17 you. Do you feel like you ever had a discussion with  
18 anyone that reflected the CRNAs felt they had been  
19 instructed by you to limit the amount of pain  
20 medication, even if Mr. Hawk were in terrific pain?

21 A. I don't feel like. I know I did not  
22 limit the drug quantities that the CRNAs could use.

23 Q. I think you've told me you don't have  
24 any memory that there were other patients that day  
25 besides these two that were there for Dr. Linderman?

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1 A. I don't recall that.

2 Q. What time does that chart show that  
3 anesthesia started?

4 A. The Strong chart?

5 Q. Yeah.

6 A. It shows 0730.

7 Q. There's no disagreement on your part  
8 that at some point, CRNA Schmalz got involved in  
9 Mr. Strong's care, is there?

10 A. No.

11 Q. You agree that happened?

12 A. I agree that Schmalz is written down as  
13 a break in different handwriting.

14 Q. Did you ever hear Dr. Linderman ask for  
15 some help with Mr. Strong when you were in the room?

16 A. I don't recall that.

17 Q. I think you've told me, you didn't ever  
18 hear Mary Waight when she came back, say something  
19 like that she wasn't surprised his airway was having  
20 a problem, because somebody had increased the  
21 propofol infusion?

22 A. That is correct.

23 Q. You never discussed that with her?

24 A. I did not.

25 Q. Or Mr. Schmalz?

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1 A. I don't recall ever talking about  
2 propofol dose with either one of them.

3 Q. Do you claim there was anything about  
4 Mr. Strong that he should have done or failed to do  
5 that caused the problem that we've been talking  
6 about?

7 A. The only thing Mr. Strong could have  
8 done to avoid the problem was to not consent for  
9 surgery.

10 Q. All right. You didn't tell him that he  
11 contributed to the problem by taking a deep breath?

12 A. No.

13 Q. Do you have any knowledge -- this one  
14 I'm going to ask you in your individual and your  
15 representative capacity. Do you have any knowledge  
16 of a failing on anyone's part that lead to the  
17 problems with Mr. Strong?

18 A. No.

19 Q. And Mr. Hawk?

20 MR. SCANLAN: Objection. Assumes facts.

21 THE WITNESS: I don't think there was  
22 anything done wrong with Mr. Hawk.

23 Q. BY MR. HAWKES: By anyone?

24 A. That I'm aware of, no.

25 Q. Do you have any knowledge of any

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1 pre-existing condition of Mr. Hawk or Mr. Strong  
2 that -- let's talk about Mr. Strong first --

3 Mr. Strong that lead to his problem?

4 A. His problem being?

5 Q. What we talked about, the negative  
6 pressure pulmonary edema?

7 A. I don't.

8 Q. Have you ever heard that from anybody?

9 A. I'm sorry, what?

10 Q. Have you ever heard that from anybody?

11 A. Heard what?

12 Q. That he had some pre-existing condition  
13 that caused that negative pressure pulmonary edema?

14 A. No.

15 Q. Do you have a professional judgment as  
16 to what caused that incident?

17 A. As I said before --

18 MR. SCANLAN: I'm sorry, what incident?

19 Q. BY MR. HAWKES: Mr. Strong.

20 A. Mr. Strong, the negative pressure  
21 pulmonary edema?

22 Q. Uh-huh.

23 A. I think it's multifactorial.

24 Q. What do you think it is?

25 A. I think that because of the nature of

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28 (Pages 106 to 109)

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1 negative pressure pulmonary edema, to get it, an  
 2 awake person can't do it. He has no ability to close  
 3 off his airway and cause negative pressure. So as  
 4 you sedate somebody, anything that irritates the  
 5 airway or the body can cause you to obstruct your  
 6 airway. So pain caused from a surgeon can bring on a  
 7 closure of an airway. A little bit of fluid getting  
 8 on the chords can cause that. Aspiration could cause  
 9 that. Multiple things could have caused it. I don't  
 10 know what caused it in Mr. Strong.  
 11 Q. You have no opinion?  
 12 A. I don't know what caused it.  
 13 Q. You have no opinion, and you have no  
 14 professional judgment?  
 15 A. That is correct.  
 16 Q. Do you have any basis to believe that  
 17 there was -- the pleading filed on your behalf and  
 18 the entity says that the damages suffered by  
 19 plaintiffs were caused by superseding and/or  
 20 intervening causes for which Dr. Murphy is not  
 21 responsible. Do you even know what those words mean?  
 22 MR. SCANLAN: I'm going to object to the  
 23 question. Because it misstates the facts in that I  
 24 believe what you're referring to is the answer that  
 25 was filed in this case, which was only filed on

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1 behalf of Dr. Murphy, as Intermountain Anesthesia has  
 2 not answered in this case at this time. Rather, they  
 3 have only filed a motion to dismiss.  
 4 MR. HAWKES: That's fine.  
 5 Q. BY MR. HAWKES: Let's take it just as  
 6 your answer. Your 9th affirmative defense states,  
 7 the damages alleged have been suffered by plaintiffs,  
 8 plural, if any were caused by superseding and/or  
 9 intervening causes for which Dr. Murphy is not  
 10 responsible. Tell me what those superseding and/or  
 11 intervening causes are.  
 12 MR. SCANLAN: As a further objection,  
 13 affirmative defenses require a legal conclusion, and  
 14 they have been stated on behalf of Dr. Murphy in this  
 15 case in the absence of having had the opportunity to  
 16 conduct full discovery and identify what all possible  
 17 facts may support the defenses.  
 18 Q. BY MR. HAWKES: No factual basis for it  
 19 is there, Dr. Murphy? You know of nothing that would  
 20 justify blaming the damages that these people  
 21 suffered on some superseding or intervening cause?  
 22 Whatever happened, happened in the OR, didn't it?  
 23 A. With Mr. Strong?  
 24 Q. Yeah.  
 25 A. If we're talking about negative pressure

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1 pulmonary edema, that happened in the operating room.  
 2 Q. If there was an issue relative to pain  
 3 or any kind of inadequate pain relief, that would  
 4 have also been true in the OR, as would relate to  
 5 Mr. Hawk, correct?  
 6 A. Yes.  
 7 Q. You know of no outside influence or  
 8 force that caused any of the things to happen that  
 9 we've talked about today?  
 10 MR. SCANLAN: Outside of the OR?  
 11 MR. HAWKES: Yeah.  
 12 THE WITNESS: I don't know of anything that  
 13 happened other than what I said, when you consent for  
 14 surgery.  
 15 Q. BY MR. HAWKES: I think we probably  
 16 didn't get through document 105, did we? I think we  
 17 might have started it. Go to it. This is the post  
 18 anesthesia note for Tom Strong.  
 19 A. There's actually two parts to that. The  
 20 top is the post anesthesia note.  
 21 Q. The bottom is a consent. What part is  
 22 your authorship?  
 23 A. My authorship is consent for anesthesia.  
 24 Q. And is your authorship everything in  
 25 that form?

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1 A. Yes. Including the date. Except for  
 2 the signature of Tom Strong, that's his signature.  
 3 Q. Yeah, sure.  
 4 Go back to 103. Look at 103 and 105  
 5 together.  
 6 A. Okay.  
 7 Q. See at the bottom of 105, 6-25-04?  
 8 A. Yes.  
 9 Q. Do you still think that the 25 looks  
 10 like the 29 on 103?  
 11 MR. SCANLAN: Object to the form of the  
 12 question. It assumes facts and misstates testimony.  
 13 THE WITNESS: I think it looks pretty close.  
 14 Q. BY MR. HAWKES: Really?  
 15 MR. SCANLAN: I do too.  
 16 THE WITNESS: For your information, these  
 17 are actually front and back of the same sheet of  
 18 paper.  
 19 Q. BY MR. HAWKES: Are there any of these  
 20 others that are front and backs that jump out to you?  
 21 A. There's another one just like this in  
 22 the Hawk record.  
 23 Q. Let's look at the Hawk record here. **352**  
 24 think that we just identified about three documents  
 25 there. Isn't that our exhibit --



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1 MR. SCANLAN: Do you want us to put this  
 2 away and then go to the Hawk record?  
 3 Q. BY MR. HAWKES: Let's go to No. \*-006,  
 4 yeah.  
 5 Okay. The first one I've got you told  
 6 me about is 32, correct?  
 7 A. Correct.  
 8 Q. Your signature on that on the MD line at  
 9 the bottom?  
 10 A. Yes.  
 11 Q. And the only other handwriting on there  
 12 is noted 6-25-04, Marilyn somebody, 10:50?  
 13 A. That's what it says.  
 14 Q. If I were to ask you all the questions I  
 15 did on the other chart about the 10:50, would your  
 16 answers be the same?  
 17 A. Yes.  
 18 MR. SCANLAN: Object to the form. Contains  
 19 multiple questions.  
 20 Q. BY MR. HAWKES: Bottom line, you don't  
 21 know what the 1050 is. Could be a time, but you  
 22 don't know?  
 23 A. I didn't write it.  
 24 Q. 45 is a pre-anesthesia evaluation. And  
 25 this one has that same date up at the top that you

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1 rate is essentially all you remember about whatever  
 2 conversation you had with him on that subject?  
 3 A. I don't remember having the conversation  
 4 with him.  
 5 Q. At all?  
 6 A. I can see that I wrote this down.  
 7 Q. Okay. If he had given you a number,  
 8 what sort of a number would it take for you to record  
 9 it as a slow heart rate?  
 10 MR. SCANLAN: To record what as a slow heart  
 11 rate?  
 12 Q. BY MR. HAWKES: What number would be a  
 13 slow heart rate to you, that you would make it noted  
 14 here?  
 15 MR. SCANLAN: He said he noted it because  
 16 the patient told him he had that history.  
 17 MR. HAWKES: I understand that. He doesn't  
 18 remember whether the patient gave him a number or  
 19 not.  
 20 Q. BY MR. HAWKES: I want to know, if  
 21 somebody said I have a slow heart rate and then said  
 22 a number that you thought was perfectly normal, would  
 23 you still write down slow heart rate?  
 24 A. As I discuss with you, if you were the  
 25 patient, I would write down what you're telling me,

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1 and I have different opinions on as to what it looks  
 2 like, right? Would you agree that the date on page  
 3 45 is similar as to how it is written on Strong's  
 4 chart at page 103?  
 5 A. Yes.  
 6 Q. You've got Brian Hawk as an ASA Class II  
 7 patient; why?  
 8 A. Looking at the record, he's got a  
 9 history of ulcers. He's got under the CNS category,  
 10 central sleep apnea. It also says he has history of  
 11 a slow rate.  
 12 Q. What does that mean?  
 13 A. Heart rate slow. Although it's noted at  
 14 58 beats per minute, which is fairly normal.  
 15 Q. So what can you tell me about the slow  
 16 heart rate if 58 is fairly normal?  
 17 A. I can tell you that the patient told me  
 18 he had a history of a slow heart rate.  
 19 Q. Did you ask him a number, or do you have  
 20 a recall of that conversation?  
 21 A. I don't recall why I put 58 beats per  
 22 minute.  
 23 Q. You told me before everything you  
 24 specifically remember. Let me see if I can save us  
 25 some time. Your writing down history of slow heart

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1 and then I would clarify and write that down.  
 2 Q. So 58 beats per minute is something you  
 3 would have noted at the time you met with him?  
 4 A. I believe so.  
 5 Q. Any other reason to put him ASA II?  
 6 A. He smokes.  
 7 Q. Anything else?  
 8 A. Not that I can see from this.  
 9 Q. Now, when you said not that I can see.  
 10 You mean referring to what's on your chart here?  
 11 A. That is correct.  
 12 Q. If we expanded to everything you know,  
 13 is there any other reason that you believe was your  
 14 state of mind in putting him ASA II?  
 15 A. Not that I can think of at this point.  
 16 Q. Let's go to 46. Is this just like the  
 17 other one, that the bottom part is the part that's  
 18 attributed to you?  
 19 A. Yes.  
 20 Q. The consent portion of that, your  
 21 signature under MD?  
 22 A. Yes.  
 23 Q. And would the entry that says IV  
 24 sedation, that's you?  
 25 A. Yes.

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1 Q. That's your writing?  
 2 A. That's my writing.  
 3 Q. And the date at the bottom is your  
 4 writing?  
 5 A. Yes.  
 6 Q. And that's the only ones in Brian Hawk's  
 7 chart that you had any authorship in, right?  
 8 A. That I could find, yes.  
 9 MR. SCANLAN: Those two pages?  
 10 THE WITNESS: Three.  
 11 MR. SCANLAN: Three pages?  
 12 Q. BY MR. HAWKES: Did we miss one?  
 13 A. No.  
 14 Q. Did I say two? I should have said  
 15 three.  
 16 MR. SCANLAN: Two documents, but three  
 17 pages, basically, because one is a front and back.  
 18 So you have EIR --  
 19 MR. HAWKES: We have documents numbered 32,  
 20 45, and 46.  
 21 Q. BY MR. HAWKES: If we get you done by  
 22 4:15, will you buy me dessert, too?  
 23 A. It's not 5:00, sir.  
 24 Q. What if I get you done early?  
 25 A. My wife will be happy.

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1 Q. Okay. But I don't get my Chinese food  
 2 with dessert?  
 3 A. That's up to you and your wallet.  
 4 Q. I might be done. Is there anyone you  
 5 believe -- is there anyone who has provided you  
 6 information relative to these cases that you haven't  
 7 shared that information with me?  
 8 MR. SCANLAN: Object to the form of the  
 9 question.  
 10 Q. BY MR. HAWKES: Let me try to restate  
 11 it. Has anyone told you something about the case  
 12 that you don't have personal knowledge of, but you  
 13 have relied upon what they've told you?  
 14 MR. SCANLAN: For what?  
 15 Q. BY MR. HAWKES: For your state of mind.  
 16 Any testimony you've given me today.  
 17 MR. SCANLAN: That wouldn't include anything  
 18 that I have told you.  
 19 MR. HAWKES: Of course not, no.  
 20 MR. SCANLAN: It would mean any third  
 21 parties.  
 22 THE WITNESS: Subsequent to the cases, has  
 23 anybody said something to me?  
 24 Q. BY MR. HAWKES: Did somebody say, you  
 25 weren't there, but this is what I saw, something like

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1 that?  
 2 A. No.  
 3 Q. You weren't there, but this is what I  
 4 heard?  
 5 A. No.  
 6 Q. You maybe don't remember, Dr. Murphy,  
 7 but I told you such and such, no conversations like  
 8 that?  
 9 A. No.  
 10 MR. HAWKES: Well, subject to the issues  
 11 we'll have to resolve to the objection on the duces  
 12 tecum portion, I'll recess the depositions.  
 13 MR. SCANLAN: Are you referring to the issue  
 14 about the EIRMC policies?  
 15 MR. HAWKES: I'm referring to the  
 16 objections.  
 17 MR. SCANLAN: Have the objections otherwise  
 18 interfered with your ability to ask any questions?  
 19 MR. HAWKES: I don't know. If I had the  
 20 stuff you produced, then maybe I would know that.  
 21 MR. SCANLAN: We have not --  
 22 MR. HAWKES: I'm talking about --  
 23 MR. SCANLAN: We have not withheld anything  
 24 from production that we were able to identify. The  
 25 only things that weren't produced today that we've

Page 121

1 discussed are policies that are not the policies of  
 2 Intermountain Anesthesia.  
 3 MR. HAWKES: You object to the request for  
 4 examination of documents and each of them on the  
 5 grounds they are vague, overbroad, and do not  
 6 describe with reasonable particularity the document  
 7 as to be produced. I intend to pursue that.  
 8 MR. SCANLAN: Okay.  
 9 MR. HAWKES: If you weren't withholding  
 10 anything, there's no basis to make an objection.  
 11 MR. SCANLAN: But my concern was that I  
 12 think that those requests were vague and ambiguous,  
 13 and I wasn't exactly sure -- I don't think that we  
 14 could be exactly sure what it is that you were  
 15 getting at.  
 16 As such, I didn't want to be put in the  
 17 position where you came in here and said, Doctor,  
 18 we've identified this document that's out there, why  
 19 didn't you bring it here today. Because my concern  
 20 would be that we would be in that position if we  
 21 hadn't raised the objection.  
 22 MR. HAWKES: You protected yourself. I  
 23 intend to ask the judge to require you to eliminate  
 24 that objection or substantiate it.  
 25 MR. SCANLAN: Well, I think that we --

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1 MR. HAWKES: Then I'll make a decision  
2 whether we end up the deposition.

3 MR. SCANLAN: Well, I guess my concern is  
4 that we haven't identified anything that we should  
5 have produced, based upon your interpretation of any  
6 of these requests.

7 MR. HAWKES: You haven't identified  
8 anything. That's my point. You've simply thrown out  
9 an objection. I think the objections are not valid  
10 ones to start with. You just threw out a blanket,  
11 which is a way to stifle the request, which is a  
12 pretty decent request. Specifically, with regard to  
13 the specifically enumerated basis, and  
14 Intermountain's. And I think you're screwing with  
15 me. But I understand your objection.

16 MR. SCANLAN: I wanted it be clear on the  
17 record that we did our best to look into the requests  
18 based upon what we received. We felt that the  
19 request was difficult to interpret. But in terms of  
20 having done the search that was conducted, we have  
21 not withheld any documents from Intermountain  
22 Anesthesia.

23 And the only documents that were  
24 identified during the course of that search that were  
25 not provided to you here today were the documents

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1 that are not Intermountain Anesthesia's, but in fact  
2 were identified to be documents of Eastern Idaho  
3 Regional Medical Center. So from our standpoint, we  
4 believe the deposition -- you had your opportunity to  
5 ask your questions, I understand we can talk about  
6 that further with the judge.

7 MR. HAWKES: Yeah. And the record should  
8 reflect that this amended notice is no different than  
9 the one that existed at the time we did talk to the  
10 judge about whether we could have discovery, and  
11 nothing was mentioned as being objectionable at that  
12 time. You dropped this on me the day before the  
13 deposition. So we're done.

14 (The deposition concluded at 4:08 p.m.)

15 -ooOoo-

Page 125

## VERIFICATION

STATE OF )  
 ) ss.  
COUNTY OF )

I, MARCUS E. MURPHY, M.D., say that I am the  
witness referred to in the foregoing deposition taken  
September 29, 2010, consisting of pages numbered 1 to  
; that I have read the said deposition and know the  
contents thereof; that the same are true to my  
knowledge, or with corrections, if any, as noted.

Page Line Should Read Reason

MARCUS E. MURPHY, M.D.  
Subscribed and sworn to before me this  
day of 2010, at , Idaho.

(Seal) Notary Public for Idaho  
My Commission Expires

Page 2010

## REPORTER'S CERTIFICATE

STATE OF IDAHO )  
COUNTY OF BONNEVILLE ) ss.  
 )

I, Rebecca M. Martin, CSR, and Notary Public in  
and for the State of Idaho, do hereby certify:

That prior to being examined MARCUS E. MURPHY,  
M.D., the witness named in the foregoing deposition,  
was by me duly sworn to testify to the truth, the  
whole truth, and nothing but the truth;

That said deposition was taken down by me in  
shorthand at the time and place therein named and  
thereafter reduced to typewriting under my direction,  
and that the foregoing transcript contains a full,  
true, and verbatim record of said deposition.

I further certify that I have no interest in the  
event of the action.

WITNESS my hand and seal this 6th day of October

Rebecca M. Martin  
Idaho CSR No. 759,  
Notary Public in and for  
the State of Idaho.

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My Commission Expires: 05-01-12

# **EXHIBIT A**

## **Deposition Exhibits # 1 & 2**

**Amended Deposition Notices of  
Defendants Intermountain Anesthesia,  
P.A. and Dr. Murphy**

Lowell N. Hawkes (ISB #1852)  
Ryan S. Lewis (ISB #6775)  
LOWELL N. HAWKES, CHARTERED  
1322 East Center  
Pocatello, Idaho 83201  
Telephone: (208) 235-1600  
FAX: (208) 235-4200  
*Attorneys for Plaintiffs*

**IN THE SEVENTH JUDICIAL DISTRICT COURT  
BONNEVILLE COUNTY, IDAHO**  
The Honorable Jon J. Shindurling

THOMAS L. STRONG and  
BRIAN K. HAWK,

*Plaintiffs,*

vs.

INTERMOUNTAIN ANESTHESIA, P.A.  
AND MARCUS E. MURPHY, M.D.,

*Defendants.*

Case No. CV-06-7149

***AMENDED***  
**NOTICE OF TAKING  
DEPOSITION DUCES TECUM  
OF DEFENDANT  
INTERMOUNTAIN  
ANESTHESIA, P.A.  
PURSUANT TO RULE 30(b)(6)**

PLEASE TAKE NOTICE that pursuant to Rule 30(b)(6), *Idaho Rules of Civil Procedure*, Plaintiffs will take the deposition of Defendant Intermountain Anesthesia, P.A. on Wednesday, September 29, 2010 at 1:00 p.m. at the offices of T&T Reporting, 525 Park Avenue, Suite 1E, Idaho Falls, Idaho.

**Areas of Examination**

Areas on which the examination is requested will include the following:

(a) The factual basis of any denials in the Answer;

- (b) The factual basis of any defenses asserted in the Answer;
- (c) The professional record keeping of the entity;
- (d) The professional credentials of employees of the entity; *and*
- (e) The entity's procedure and policy records.

### **Duces Tecum Deposition**

YOU ARE FURTHER COMMANDED TO BRING with you the supporting documents described in the "Areas of Examination" above.

### **Selection of Representatives**

The corporation or organization noticed for a Rule 30(b)(6) deposition must select an individual or individuals who can testify to the areas specified in the Notice. *Poole v. Textron, Inc.*, 192 F.R.D. 494 (D.Md.2000) (a corporation should make a "diligent inquiry" to determine the individual(s) best suited to testify). The designated representative must testify to all matters known or reasonably available to the corporation, which may necessitate some gathering of documents and information and having the individual review and become familiar with the documents and information. *Medial Services Group, Inc. v. Lesso, Inc.*, 45 F.Supp.2d 1237 (D.Kan.1999); *Poole v. Textron, Inc.*, 192 F.R.D. 494 (D.Md.2000); *Alexander v. Federal Bureau of Investigation*, 186 F.R.D. 148 (D.D.C.1999) (listing 5 obligations of recipient of a Rule 30(b)(6) notice).

The representative does not have to be an officer or director of the organization, and does not even need to be employed by the organization. Regardless of the status of the representative, however, the organization will be bound by the representative's testimony and must prepare the representative to testify as to the organization's *collective* knowledge and information. Corporation counsel can be selected as the designated corporate representative. *In re Pioneer Hi-Bred Intern., Inc.*, 238 F.3d 1370, 1376 (Fed.Cir. 2001) (addressing the attorney client privilege issues when counsel is designated as the corporate representative).

### Duty to Prepare

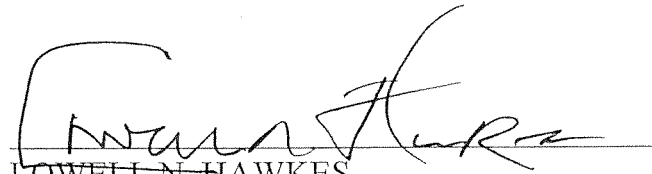
If the designated representative cannot testify as to the entity's *collective* information on the matters requested, then the entity has a duty to gather the information and prepare the representative so that the representative can give complete, knowledgeable, and binding testimony. *Black Horse Lane Assoc., L.P. v. Dow Chemical Corp.*, 228 F.3d 275, 300 (3d Cir. 2000). Failure to adequately prepare the representative can result in sanctions. *Black Horse Lane Assoc., L.P. v. Dow Chemical Corp.*, 228 F.3d 275, 301-05 (3d Cir. 2000).

### Sanctions Against Entity

If the designated officer, director, or managing agent fails to appear for a deposition, the entity is subject to sanctions. Likewise, if an entity provides witnesses who cannot answer questions listed in the Notice of Deposition, the entity has failed to comply with its obligations under the Rule and may be subject to sanctions. *Reilly v. NatWest Market Group Inc.*, 181 F.3d 253 (2d Cir. 1999) (corporation precluded from offering testimony from witnesses not designated in response to Rule 30(b)(6) Notice); *King v. Pratt & Whitney*, 161 F.R.D. 475 (S.D. Fla. 1995).

DATED this 22<sup>nd</sup> day of September 2010.


LOWELL N. HAWKES, CHARTERED



LOWELL N. HAWKES

**CERTIFICATE OF SERVICE**

I certify that on this 22<sup>nd</sup> day of September, 2010 I faxed a copy of the foregoing to Kevin J. Scanlan and Richard E. Hall of Hall, Farley, Oberrecht & Blanton, P.A., 702 West Idaho, Suite 700, Boise, Idaho 83701, FAX 208-395-8585.

  
LOWELL N. HAWKES

\* \* \* Memory TX Result Report ( Sep. 22. 2010 4:06PM ) \* \* \*

1) Lowell Hawkes  
2)

Date/Time: Sep. 22. 2010 4:03PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
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## Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 2) Busy

E. 4) No facsimile connection

Lowell N. Hawkes (ISB #1852)  
 Ryan S. Lewis (ISB #6775)  
 LOWELL N. HAWKES, CHARTERED  
 1322 East Center  
 Pocatello, Idaho 83201  
 Telephone: (208) 235-1600  
 FAX: (208) 235-4200  
 Attorneys for Plaintiffs

**IN THE SEVENTH JUDICIAL DISTRICT COURT**  
**BONNEVILLE COUNTY, IDAHO**  
 The Honorable Jon J. Shindlerling

THOMAS L. STRONG and  
 BRIAN K. HAWK,

Plaintiffs,

vs.

INTERMOUNTAIN ANESTHESIA, P.A.  
 AND MARCUS E. MURPHY, M.D.,

Defendants.

Case No. CV-06-7149

**AMENDED**  
**NOTICE OF TAKING**  
**DEPOSITION DUCES TECUM**  
**OF DEFENDANT**  
**INTERMOUNTAIN**  
**ANESTHESIA, P.A.**  
**PURSUANT TO RULE 30(b)(6)**

PLEASE TAKE NOTICE that pursuant to Rule 30(b)(6), *Idaho Rules of Civil Procedure*, Plaintiffs will take the deposition of Defendant Intermountain Anesthesia, P.A. on Wednesday, September 29, 2010 at 1:00 p.m. at the offices of T&T Reporting, 525 Park Avenue, Suite 112, Idaho Falls, Idaho.

Areas of Examination

Areas on which the examination is requested will include the following:

(a) The factual basis of any denials in the Answer;

**AMENDED NOTICE OF TAKING DEPOSITION DUCES TECUM OF DEFENDANT**  
**INTERMOUNTAIN ANESTHESIA, P.A. PURSUANT TO RULE 30(b)(6) — Page 1**

*Strong & Hawk v. Intermountain Anesthesia, et al*



Lowell N. Hawkes (ISB #1852)  
Ryan S. Lewis (ISB #6775)  
LOWELL N. HAWKES, CHARTERED  
1322 East Center  
Pocatello, Idaho 83201  
Telephone: (208) 235-1600  
FAX: (208) 235-4200  
*Attorneys for Plaintiffs*

**IN THE SEVENTH JUDICIAL DISTRICT COURT  
BONNEVILLE COUNTY, IDAHO**  
The Honorable Jon J. Shindurling

THOMAS L. STRONG and  
BRIAN K. HAWK,

*Plaintiffs,*

vs.

INTERMOUNTAIN ANESTHESIA, P.A.  
AND MARCUS E. MURPHY, M.D.,

*Defendants.*

Case No. CV-06-7149

***AMENDED***  
**NOTICE OF TAKING  
DEPOSITION DUCES TECUM  
OF DEFENDANT  
MARCUS E. MURPHY, M.D.**

PLEASE TAKE NOTICE that Plaintiffs will take the deposition of  
Defendant Marcus E. Murphy, M.D. on Wednesday, September 29, 2010 at 2:00 p.m. at  
the offices of T&T Reporting, 525 Park Avenue, Suite 1E, Idaho Falls, Idaho.

The witness is further commanded to bring with him any notes or  
memoranda relative to either of the Plaintiffs herein.

DATED this 22<sup>nd</sup> day of September 2010.

LOWELL N. HAWKES, CHARTERED



LOWELL N. HAWKES

**CERTIFICATE OF SERVICE**

I certify that on this 22<sup>nd</sup> day of September, 2010 I faxed a copy of the foregoing to Kevin J. Scanlan and Richard E. Hall of Hall, Farley, Oberrecht & Blanton, P.A., 702 West Idaho, Suite 700, Boise, Idaho 83701, FAX 208-395-8585.



LOWELL N. HAWKES

\* \* \* Memory TX Result Report ( Sep. 22. 2010 4:09PM ) \* \* \*

1} Lowell Hawkes  
2}

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Reason for error  
 E. 1) Hang up or line fail  
 E. 3) No answer  
 E. 5) Exceeded max. E-mail size

E. 2) Busy  
 E. 4) No facsimile connection

Lowell N. Hawkes (ISB #1852)  
 Ryan S. Lewis (ISB #6775)  
 LOWELL N. HAWKES, CHARTERED  
 1322 East Center  
 Pocatello, Idaho 83201  
 Telephone: (208) 235-1600  
 FAX: (208) 235-4200  
 Attorneys for Plaintiffs

**IN THE SEVENTH JUDICIAL DISTRICT COURT  
 BONNEVILLE COUNTY, IDAHO**  
 The Honorable Jon J. Shindurling

THOMAS L. STRONG and	)	
BRIAN K. HAWK,	)	Case No. CV-06-7149
	)	
Plaintiffs,	)	<b>AMENDED</b>
	)	<b>NOTICE OF TAKING</b>
vs.	)	<b>DEPOSITION DUCES TECUM</b>
	)	<b>OF DEFENDANT</b>
INTERMOUNTAIN ANESTHESIA, P.A.	)	<b>MARCUS E. MURPHY, M.D.</b>
AND MARCUS E. MURPHY, M.D.,	)	
	)	
Defendants.	)	

PLEASE TAKE NOTICE that Plaintiffs will take the deposition of  
 Defendant Marcus E. Murphy, M.D. on Wednesday, September 29, 2010 at 2:00 p.m. at  
 the offices of T&T Reporting, 525 Park Avenue, Suite 112, Idaho Falls, Idaho.

The witness is further commanded to bring with him any notes or  
 memoranda relative to either of the Plaintiffs herein.

**AMENDED NOTICE OF TAKING DEPOSITION DUCES TECUM OF DEFENDANT  
 MARCUS E. MURPHY, M.D. — Page 1**

*Strong & Hawk v. Intermountain Anesthesia, et al*

# **EXHIBIT A**

## **Deposition Exhibit #3**

**Defendant Intermountain Anesthesia,  
P.A.'s Objection to Plaintiffs' Amended  
Notice of Taking Deposition Duces Tecum**

RICHARD E. HALL  
ISB #1253; reh@hallfarley.com  
KEVIN J. SCANLAN  
ISB #5521; kjs@hallfarley.com  
HALL, FARLEY, OBERRECHT & BLANTON, P.A.  
702 West Idaho, Suite 700  
Post Office Box 1271  
Boise, Idaho 83701  
Telephone: (208) 395-8500  
Facsimile: (208) 395-8585  
W:\3\3-235.8\PLEADINGS\NODDT - Objection to Amended Notice.doc

Attorneys for Defendants

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

THOMAS L. STRONG, and BRIAN K.  
HAWK,

Plaintiffs,

vs.

INTERMOUNTAIN ANESTHESIA, P.A. and  
MARCUS E. MURPHY, M.D.,

Defendants.

Case No. CV 06-7149

**DEFENDANT INTERMOUNTAIN  
ANESTHESIA, P.A.'S OBJECTION  
TO PLAINTIFFS' AMENDED  
NOTICE OF TAKING DEPOSITION  
DUCES TECUM**


COMES NOW Defendant Intermountain Anesthesia, P.A., by and through its counsel of record, Hall, Farley, Oberrecht & Blanton, P.A., and hereby objects to Plaintiffs' Amended Notice of Taking Deposition Duces Tecum, and particularly the request for examination of documents. Intermountain Anesthesia, P.A. objects to the request for examination of documents, and each of them, on the grounds that they are vague, overbroad, and do not describe with reasonable particularity the documents to be produced. Intermountain Anesthesia, P.A. further objects to the request for examination of documents on the grounds that the requests are burdensome, not related to any material issue in this litigation, and are not reasonably calculated

to lead to the discovery of admissible evidence. Intermountain Anesthesia, P.A. further objects to inspection requests (c) and (e) on the grounds that they seek confidential and/or privileged and/or proprietary information.

DATED this 28<sup>th</sup> day of September, 2010.

HALL, FARLEY, OBERRECHT &  
BLANTON, P.A.

By: 

(ISS 7647) 

Richard E. Hall – Of the Firm  
Kevin J. Scanlan – Of the Firm  
*Attorneys for Defendants*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 28<sup>th</sup> day of September, 2010, I caused to be served a true copy of the foregoing **DEFENDANT INTERMOUNTAIN ANESTHESIA, P.A.'S OBJECTION TO PLAINTIFFS' AMENDED NOTICE OF TAKING DEPOSITION DUCES TECUM**, by the method indicated below, and addressed to each of the following:

Lowell N. Hawkes  
Ryan S. Lewis  
Lowell N. Hawkes, Chartered  
1322 East Center  
Pocatello, ID 83201  
Facsimile (208) 235-4200

- ☐ U.S. Mail, Postage Prepaid  
☐ Hand Delivered  
☐ Overnight Mail  
☒ Telecopy

Kevin J. Scanlan

(208 7647) *fn*

**EXHIBIT A**  
**Deposition Exhibit # 4**

**Handbook for  
Intermountain Anesthesia, P.A.**



## 101 NATURE OF EMPLOYMENT

This handbook is intended to provide employees with a general understanding of our personnel policies. Employees are encouraged to familiarize themselves with the contents of this handbook, for it will answer many common questions concerning employment with I.A.

However, this handbook cannot anticipate every situation or answer every question about employment. It is not an employment contract and is not intended to create contractual obligations of any kind. If there is any conflict between the employee handbook and an employee agreement entered into between Intermountain Anesthesia and the employee, the Employment Agreement will control. Neither the employee nor I.A. is bound to continue the employment relationship if either chooses, at its will, to end the relationship at any time with or without cause.

In order to retain necessary flexibility in the administration of policies and procedures, I.A. reserves the right to change, revise, or eliminate any of the policies and/or benefits described in this handbook, except for its policy of employment-at-will. The only recognized deviations from the stated policies are those authorized and signed by the Board of Directors of I.A.

## 105 EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at I.A. will be based on merit, qualifications, and abilities. I.A. does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of the President, or any other member of the Board of Directors. See Section 719, code of conduct. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## 110 IMMIGRATION LAW COMPLIANCE

I.A. is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with I.A. within the past three years, or if their previous I-9 is no longer retained or valid.

Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

## 115 OUTSIDE EMPLOYMENT

Employment outside of I.A. is allowed as long as it does not interfere with their employment with I.A. and it follows their employment agreement. I.A. may require employees to enter into a written agreement covering the terms and conditions by which an employee may engage in outside employment. In no event will the employee be entitled to work for another entity when such work would breach contractual agreements between Intermountain Anesthesia and Eastern Idaho Regional Medical Center. All employees will be evaluated by the same performance standards and will be subject to I.A.'s scheduling demands, regardless of any existing outside work requirements.

If I.A. determines that an employee's outside employment interferes with performance or the ability to meet the requirements of I.A., the employee may be asked to terminate the outside employment if he or she wishes to remain with I.A..

Outside employment will present a conflict of interest if it has an adverse impact on I.A.. I.A. members may not use sick days for outside employment.

## **120 ACCESS TO PERSONNEL FILES**

I.A. maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of I.A., and access to the information they contain is restricted. Generally, only the President and Department Chairman, and those who have a legitimate reason to review information in a file are allowed to do so.

Employees who wish to review their own file should contact the President. With reasonable advance notice, employees may review their own personnel files in I.A.'s offices and in the presence of an individual appointed by I.A. to maintain the files. There is no obligation to allow employees access to personal files.

## **125 EMPLOYMENT REFERENCE CHECKS**

To ensure that individuals who join I.A. are well qualified and have a strong potential to be productive and successful, it is the policy of I.A. to check the employment references of all applicants.

The Vice President will respond to all reference check inquiries from other employers. Responses to such inquiries will be limited to factual information that can be substantiated by I.A.'s records. No employment data will be released without a written authorization and release signed by the individual who is the subject of the inquiry.

## **130 INTRODUCTORY PERIOD**

The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. I.A. uses this period to evaluate employee capabilities, work habits, and overall performance. Employees may be given evaluations during the introductory period to help evaluate performance and expectations.

All new and rehired employees work on an introductory basis for the first 180 calendar days of employment. If I.A. determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

During the introductory period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and Social Security. They may also be eligible for other I.A.-provided benefits, subject to the terms and conditions of each employment contract.

## **135 EMPLOYMENT APPLICATIONS**

I.A. relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in I.A.'s exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

## **140 PERFORMANCE EVALUATION**

I.A. President, Department Chairman, and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. A formal performance evaluation will be conducted before corporate membership is offered. Additional formal performance evaluations are conducted to provide both corporation members and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

The performance of all employees is generally evaluated yearly.

## 145 EMPLOYEE BENEFITS

Employees at I.A. are provided a wide range of benefits. A number of the programs (such as Social Security, Worker's Compensation, State Disability, and Unemployment Insurance) cover all employees in the manner prescribed by law.

Intermountain Anesthesia may provide certain benefits to its employees in the nature of insurance, personal leave, etc. Such benefits are provided at the sole discretion of the Board of Directors and may be altered, modified, or discontinued at any time. Specific benefits to be provided by Intermountain Anesthesia will be set out in the Employment Agreement. Employees not a party to a written Employment Agreement may still receive salary and benefits, however, the terms and conditions of such employment are at the sole discretion of the Board of Directors and may be altered, modified, or terminated at any time.

The following benefit programs may be available to eligible employees:

Benefit Conversion at Termination

Dental Insurance

Holidays

Jury Duty Leave

Life Insurance

Long-Term Disability

Major Medical Insurance

Malpractice Insurance

Medical Insurance

Medical Leave

Military Leave

Pay Advances

Pension Plan

Profit Sharing

Relocation Assistance

Short-Term Disability

Sick Leave Benefits

Vacation Benefits

Witness Duty Leave

Some benefit programs may require contributions from employees, but most are fully paid by I.A..

## 150 VACATION BENEFITS

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, education, and personal pursuits. Employees are eligible to earn and use vacation time as described in this policy:

The amount of paid vacation time employees receive each year is set in the Employment Agreement.

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when the employee starts to earn vacation time. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

Paid vacation time can be used in minimum increments of 5 days, Monday through Friday. Vacation time will be picked by drawing yearly. To change vacation time, employees should request advance approval from the Vice President of I.A. and the parties involved with the change. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, education, and personal pursuits. In the event that available vacation is not used by the end of the benefit year, employees will forfeit the unused time.

Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work (pro-rated formula).

## **155 HOLIDAYS**

I.A. will follow observed holidays as set by Eastern Idaho Regional Medical Center. Currently they are as follows:

New Years day (January 1)  
Presidents Day (third Monday in February)  
Memorial Day (last Monday in May)  
Independence Day (July 4)  
Labor Day (first Monday in September)  
Thanksgiving (fourth Thursday in November)  
Christmas Eve (December 24)  
Christmas (December 25)

If a recognized holiday falls during an eligible employee's paid absence (such as vacation), holiday pay will be provided in the form of an added sick day, provided that the employee has not reached the maximum 40 day sick leave amount. It is also recognized that employees may be required to work several holidays per year with no additional compensation.

## **160 WORKERS' COMPENSATION INSURANCE**

I.A. provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform the President or Department Director immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

## **170 SICK LEAVE BENEFITS**

I.A. may provide paid sick leave benefits to employees for periods of temporary absence due to illnesses or injuries. Sick time will be accrued annually after 3 years of continuous employment. Amount of sick time accrued will be reviewed in the employment agreement.

Before the three year eligibility, sick leave is accrued by saving time from employee's general purpose time off. A sick day is also earned if a paid holiday occurs during the employee's vacation time.

Paid sick leave can be used in minimum increments of one day (half day at board discretion). Eligible employees may use sick leave benefits for an absence due to their own illness or injury or to take care of an immediate family member who is ill. If Employee is receiving disability payments from the disability insurance carrier, the employee will not receive more compensation than set forth by the Employment agreement. Accrued sick leave days will be suspended while employee is on disability.

Employees who are unable to report to work due to illness or injury should notify the operating room staff before the scheduled start of their workday if possible. Intermountain Anesthesia must also be contacted on each additional day of absence.

Sick leave benefits will be calculated based on the employee's base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, commissions, bonuses, or shift differentials.

Unused sick leave benefits will be allowed to accumulate until the employee has accrued a total of 40 calendar days worth of sick leave benefits, if the employee's benefits reach this maximum, further accrual of sick leave benefits will be suspended until the employee has reduced the balance below the limit.

Sick leave benefits are intended to provide income protection in the event of illness or injury: These days are also for funeral leave or other personal emergencies as approved by I.A. Unused sick leave benefits will not be paid to employees while they are employed. At termination of employment sick pay will be paid to a maximum of 30 days minus any money owed to I.A.

## **175 BEREAVEMENT LEAVE**

Employees who wish to take time off due to the death of an immediate family member should notify the Vice President or MD “on call” immediately. Bereavement pay is calculated based on the base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, commissions, bonuses, or shift differentials. The time off will be taken from accrued sick time.

Approval of bereavement leave will occur in the absence of unusual operating requirements. Employees may, with I.A.’s approval, use any available paid leave for additional time off as necessary.

I.A. defines “immediate family” as the employee’s spouse, parent, child, sibling; the employee’s spouse’s parent, child, or sibling; the employee’s child’s spouse; grandparents or grandchildren. Special consideration will also be given to any other person whose association with the employee was similar to any of the above relationships.

## **180 RELOCATION BENEFITS**

When I.A. asks employees to relocate to a new area, certain relocation benefits may be provided to facilitate the transition. Relocation may be available to any eligible newly hired employee who must relocate in order to reside within the 15 minute radius from EIRMC.

For specific information regarding the terms and extent of relocation benefits, please contact the President. Employees must request relocation assistance for specific items in advance of the date the expenses are incurred. I.A. will reimburse expenses only if the employee has received advance approval, incurs reasonable expenses, and submits satisfactory proof of the expense within 30 calendar days of the date the expense was incurred.

All full time employees are required to reside within 15 minutes from EIRMC.

## **185 JURY DUTY**

I.A. encourages employees to fulfill their civic responsibilities by serving jury duty when required.

Employees in an eligible classification may request up to two weeks of paid jury duty leave over any one year period.

Employees must show the jury duty summons to their supervisor as soon as possible so that the supervisor may make arrangements to accommodate their absence. Employees are required to report for scheduled work whenever the court schedule permits.

Either I.A. or the employee may request an excuse from jury duty if, in I.A.’s judgment, the employee’s absence would create serious operational difficulties.

I.A. will continue to provide health insurance benefits for the full term of the jury duty absence. Vacation, sick leave, and holiday benefits, will continue to accrue during unpaid jury duty leave.

## **190 WITNESS DUTY**

I.A. encourages employees to appear in court for witness duty when subpoenaed to do so.

If employees have been subpoenaed or otherwise requested to testify as witnesses by I.A., they will receive paid time off for the entire period of witness duty. The subpoena should be shown to the employee’s supervisor immediately after it is received so that operating requirements can be adjusted, where necessary, to accommodate the employee’s absence. The employee is required to report for scheduled work whenever the court schedule permits.

## **200 BENEFITS CONTINUATION (COBRA)**

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under Intermountain Anesthesia’s health plan when a “qualifying event” would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee’s hours or a leave of absence; an employee’s divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at Intermountain Anesthesia’s

group rates plus an administration fee. Intermountain Anesthesia provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under Intermountain Anesthesia's health insurance plan. The notice contains important information about the employee's rights and obligations. Intermountain Anesthesia does not guarantee the right of any employee to receive COBRA or insurance benefits, and such insurance may be affected by the number of Intermountain Anesthesia employees, or a change in legislation etc. Intermountain Anesthesia will direct insurance agents to work with individual employees.

## **205 PAYDAYS**

All employees are paid monthly on the last day of the month. Each paycheck will include earnings for all work performed through the end of the previous payroll period.

In the event that a regularly scheduled payday falls on a day off such as a weekend or holiday, employees will be paid on the first day of work following the regularly scheduled payday.

If a regular payday falls during an employee's vacation, the employee's paycheck will be available upon his or her return from vacation.

## **210 EMPLOYMENT TERMINATION**

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

**RESIGNATION** .voluntary employment termination initiated by an employee.

**DISCHARGE** .involuntary employment termination initiated by the organization.

Since employment with I.A. is based on mutual consent, both the employee and I.A. have the right to terminate employment at will, with or without cause, at anytime. Employee benefits will be affected by employment termination in the following manner. All accrued, vested benefits that are due and payable at termination will be paid. Some benefits may be continued at the employee's expense if the employee so chooses and approved by the Board of Directors. The employee will be notified in writing of the benefits that may be continued and of the terms, conditions, and limitations of such continuance.

## **220 PAY ADVANCES**

In the event of a personal emergency; employees may submit a written request for a pay advance to the treasurer or president, indicating the nature of the emergency involved. If necessary the board of directors will evaluate the request and determine whether a pay advance will be granted.

## **225 PAY CORRECTIONS**

I.A. takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Treasurer so that corrections can be made as quickly as possible. In the event of an over payment, the employee is obligated to repay to I.A. the overpayment.

## **230 WORK SCHEDULES**

Work schedules for employees vary throughout our organization. Board of Directors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. MDA's schedules are made by the Anesthesia Department Director. CRNA's schedules are made by the Vice President. When a call person is sick, I.A. will first ask for volunteers to cover the shift, if nobody offers to cover the shift the person last off moves up to cover the call position and the other call personnel moved to the higher call schedule. No extra compensation is offered for this service.

Failure to work assigned overtime may result in disciplinary action, up to and including possible termination of employment.

## **235 SMOKING**

In keeping with Intermountain Anesthesia's intent to provide a safe and healthful work environment, smoking is prohibited throughout the workplace.

This policy applies equally to all employees, customers, and visitors.

## **240 REST AND MEAL PERIODS**

Each workday, employees are provided with at least one rest period of 10-15 minutes in length. To the extent possible, rest periods will be provided in the middle of work periods. Since this time is counted and paid as time worked, employees must not be absent from their work stations beyond the allotted rest period time.

All I.A. employees are provided with one meal period of 30 minutes in length each workday. Supervisors will schedule meal periods to accommodate operating room requirements. On rare occasions, break times and meal periods may not be provided.

## **245 ADDITIONAL PAID WORK**

When operating requirements or other needs cannot be met during regular working hours, employees will be given the opportunity to volunteer for extra work assignments. All extra work must receive the supervisor's prior authorization.

Overtime compensation is paid to employees in one half and full day increments. Extra pay is based on actual hours worked.

## **250 USE OF EQUIPMENT**

Equipment essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify the Anesthesia Techs or department chairman if any equipment, machines, or tools appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The department chairman can answer questions about an employee's responsibility for maintenance and care of equipment used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in disciplinary action, up to and including termination of employment. Employee may not use I.A. or hospital owned equipment for outside employment without written permission.

## **255 MEDICAL LEAVE**

I.A. provides medical leaves of absence without pay to eligible employees who are temporarily unable to work due to a serious health condition or disability. For purposes of this policy, serious health conditions or disabilities include inpatient care in a hospital, hospice, or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Eligible employees may request medical leave only after having completed 180 calendar days of service.

Exceptions to the service requirement will be considered to accommodate disabilities.

Eligible employees should make requests for medical leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events.

A health care provider statement must be submitted verifying the need for medical leave and its beginning and expected ending dates. Any changes in this information should be promptly reported to I.A..

Employees returning from medical leave must submit a health care provider's verification of their fitness to return to work.

Eligible employees are normally granted leave for the period of the disability, up to a maximum of 12 weeks within any 12 month period. Any combination of medical leave and family leave may not exceed this maximum limit. If the initial period of approved absence proves insufficient, consideration will be given to a request for an extension. Employees will be required to first use any accrued paid leave time before taking unpaid medical leave.

Employees who sustain work-related injuries are eligible for a medical leave of absence for the period of disability in accordance with all applicable laws covering occupational disabilities.

Subject to the terms, conditions, and limitations of the applicable plans, I.A. will continue to provide health insurance benefits for the full period of the approved medical leave.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment. Any benefits provided during medical leave will be terminated if it is determined that the employee will not return to work for any reason.

So that an employee's return to work can be properly scheduled, an employee on medical leave is requested to provide I.A. with at least two weeks advance notice of the date the employee intends to return to work.

When a medical leave ends, the employee will be reinstated to the same position, if it is available, or to an equivalent position for which the employee is qualified.

If an employee fails to report to work promptly at the end of the medical leave, I.A. will assume that the employee has resigned.

## **260 FAMILY LEAVE**

I.A. provides family leaves of absence without pay to eligible employees who wish to take time off from work duties to fulfill family obligations relating directly to childbirth, adoption, or placement of a foster child; or to care for a child, spouse, or parent with a serious health condition. A serious health condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider. Employees may request family leave only after having completed 180 calendar days of service. Eligible employees should make requests for family leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events.

Employees requesting family leave related to the serious health condition of a child, spouse, or parent may be required to submit a health care provider's statement verifying the need for a family leave to provide care, its beginning and expected ending dates, and the estimated time required.

Eligible employees may request up to a maximum of 12 weeks of family leave within any 12 month period. Any combination of family leave and medical leave may not exceed this maximum limit. If this initial period of absence proves insufficient, consideration will be given to a written request for a single extension of no more than ten calendar days. Employees will be required to first use any accrued paid leave time before taking unpaid family leave. Married employee couples may be restricted to a combined total of 12 weeks leave within any 12 month period for childbirth, adoption, or placement of a foster child; or to care for a parent with a serious health condition.

Subject to the terms, conditions, and limitations of the applicable plans, I.A. will continue to provide health insurance benefits for the full period of the approved family leave.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment. Sick leave pay will not be paid for family leave, unless approved by the board of directors.

So that an employee's return to work can be properly scheduled, an employee on family leave is requested to provide I.A. with at least two weeks advance notice of the date the employee intends to return to work.

When an employee fails to report to work promptly at the end of the approved leave period, I.A. will assume that the employee has resigned.

## **265 MILITARY LEAVE**

A military leave of absence will be granted to employees, except those occupying temporary positions, to attend scheduled drills or training or if called to active duty with the U.S. armed services.

The leave will be unpaid. However, employees may use any available paid time off for the absence.



Employees on two-week active duty training assignments or inactive duty training drills are required to return to work for the first regularly scheduled shift after the end of training, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with all applicable state and federal laws.

Every reasonable effort will be made to return eligible employees to their previous position or a comparable one. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service, such as job seniority rights.

## **270 EMPLOYEE CONDUCT AND WORK RULES**

To ensure orderly operations and provide the best possible work environment, I.A. expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment.

Theft or inappropriate removal or possession of property

Working under the influence of alcohol or illegal drugs

Rude or inappropriate behavior towards patients.

Intentional falsification of records and reports.

Unauthorized absence from work

Harassment of co-workers

Acts of violence or threats of violence

In addition to the foregoing, I.A. prohibits discrimination or harassment based on race, color, religion, sex, or natural origin. Members and employees are also required to comply with the EIRMC Medical Staff Code of Conduct Policy, which is included with this handbook. Members and Employees may also be subject to additional guidelines and requirements promulgated by EIRMC and made applicable to I.A. employees by contract or agreement. All complaints regarding conduct, harassment, discrimination, or other improper behavior should be promptly brought to the attention of an I.A. officer or a member of the Board of Directors.

## **275 PROGRESSIVE DISCIPLINE**

The purpose of this policy is to state I.A.'s position on administering equitable and consistent discipline for unsatisfactory conduct in the workplace. The best disciplinary measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all employment levels.

I.A.'s own best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future. Although employment with I.A. is based on mutual consent and both the employee and I.A. have the right to terminate employment at will, with or without cause or advance notice, I.A. may use progressive discipline at its discretion.

Disciplinary action may call for any of the following: - verbal warning, written warning, fines - suspension with or without pay, or termination of employment - depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed. Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed: a first offense may call for a verbal warning; a next offense may be followed by a written warning; another offense may lead to a suspension; and, still another offense may then lead to termination of employment. I.A. recognizes that there are certain types of employee problems that are serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual progressive discipline steps.

By using progressive discipline, we hope that most employee problems can be corrected at an early stage, benefiting both the employee and I.A..

## **280 DRUG AND ALCOHOL USE**

It is I.A.'s desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a

satisfactory manner.

While on I.A. premises and while conducting business-related activities off I.A. premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program. Leave may be granted if the employee agrees to abstain from use of the problem substance; abides by all I.A. policies, rules, and prohibitions relating to conduct in the workplace; and if granting the leave will not cause I.A. any undue hardship.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify I.A. of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with the Medical Director or the President without fear of reprisal.

## **285 ATTENDANCE AND PUNCTUALITY**

To maintain a safe and productive work environment, I.A. expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on I.A.. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence.

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

Those scheduled for the day shift shall be ready to start a 7:30 A.M. case unless requested to arrive earlier. Second call CRNA's are to be available starting at 7 AM, and are to be at the hospital ready to start an 11 AM case.

First call CRNA's are available from 7AM, and are to be in the hospital ready to start a case at 1 PM.

## **290 RETURN OF PROPERTY**

Employees are responsible for all property, materials, or written information issued to them or in their possession or control. Employees must return all I.A. property immediately upon request or upon termination of employment. Where permitted by applicable laws, I.A. may withhold from the employees check or final paycheck the cost of any items that are not returned when required. I.A. may also take all action deemed appropriate to recover or protect its property.

## **295 RESIGNATION**

Resignation is a voluntary act initiated by the employee to terminate employment with I.A.. I.A. requests written resignation notice from all employees as outlined in the employment contract..

Prior to an employee's departure, an exit interview may be scheduled to discuss the reasons for resignation and the effect of the resignation on benefits.

## **300 DRUG TESTING**

I.A. is committed to providing a safe, efficient, and productive work environment for all employees. I.A. follows the policy and requirements of Idaho's Drug-Free Workplace Act, Idaho Code 72-1701 et seq. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body

substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.

Copies of the drug testing policy will be provided to all employees. Questions concerning this policy or its administration should be directed to the President.

## **305 PROBLEM RESOLUTION**

I.A. is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from I.A. supervisors and management.

I.A. strives to ensure fair and honest treatment of all employees. Supervisors, managers, and employees are expected to treat each other with mutual respect. Employees are encouraged to offer positive and constructive criticism.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint with I.A. in a reasonable, business-like manner, or for using the problem resolution procedure.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. Employee presents problem to immediate supervisor after incident occurs. If supervisor is unavailable or employee believes it would be inappropriate to contact that person, employee may present problem to the President or any other member of the Board of Directors.
2. Supervisor responds to problem during discussion or after consulting with appropriate management, when necessary Supervisor documents discussion.
3. Employee presents problem to Board of Directors if problem is unresolved.
4. Board of Directors counsels and advises employee, assists in putting problem in writing, visits with employee's manager(s), if necessary, and directs employee to a Peer Review Panel for review of problem.
5. Employee presents problem to Peer Review Panel in writing.
6. Peer Review Panel reviews and considers problem. Peer Review Panel informs employee of decision and forwards copy of written response to Board of Directors for employee's file. The Peer Review Panel has full authority to make any adjustment deemed appropriate to resolve the problem.

The Peer Review Panel will conduct a hearing to investigate and resolve the problem.

This problem resolution procedure does not apply to termination of employment or all disciplinary actions.

## **310 LIFE-THREATENING ILLNESSES IN THE WORKPLACE**

Employees with life-threatening illnesses, such as cancer, heart disease, and AIDS, often wish to continue their normal pursuits, including work, to the extent allowed by their condition. I.A. supports these endeavors as long as employees are able to meet acceptable performance standards.

Medical information on individual employees is treated confidentially. I.A. will take reasonable precautions to protect such information from inappropriate disclosure. Board of Directors and other employees have a responsibility to respect and maintain the confidentiality of employee medical information. Anyone inappropriately disclosing such information is subject to disciplinary action, up to and including termination of employment.

**EXHIBIT A**  
**Deposition Exhibit #5**

**Plaintiff Tom Strong's  
EIRMC Medical Records**

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TAMSEN L. LEACHMAN	KAREN O. SHEEHAN

*With Attorneys Admitted to Practice Law in  
Idaho, Oregon, Washington and Utah*

August 31, 2006

Lowell N. Hawkes  
Lowell N. Hawkes, Chartered  
1322 East Center  
Pocatello, ID 83201


RE: Strong v. Murphy  
HFOB File Nos. 3.235.6

Dear Mr. Hawkes:

Enclosed is a copy of Mr. Strong's medical records we obtained from Eastern Idaho Regional Medical Center using the executed Release. The records are source coded EIRMC-S 1-166.

Best regards.

Very Truly Yours,

  
Kevin J. Scanlan

KJS/reb  
Enclosures

382

Exhibit No. <u>5</u>
Date: _____
T&T REPORTING

LAW OFFICE

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*With Attorneys Admitted to Practice Law in  
Idaho, Oregon, Washington and Utah*

August 31, 2006

Lowell N. Hawkes  
Lowell N. Hawkes, Chartered  
1322 East Center  
Pocatello, ID 83201

RE: Strong v. Murphy  
HFOB File Nos. 3.235.6

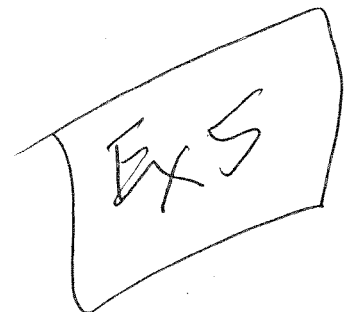
Dear Mr. Hawkes:

Enclosed is a copy of Mr. Strong's medical records we obtained from Eastern Idaho Regional Medical Center using the executed Release. The records are source coded EIRMC-S 1-166.

Best regards.

Very Truly Yours,

  
Kevin J. Scanlan



KJS/reb  
Enclosures

## ED-OP REGISTRATION

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PATIENT'S LEGAL NAME L. P. 14 STRONG TOM 11. SEX M 12. AGE W 13. BIRTHDATE 09-03-1981 14. AGE 016 15. HEIGHT 16. WEIGHT 17. SEX F 18. MAR S 19. ZIP 834020000 20. TEL 200

21. PATIENT'S LEGAL ADDRESS 1008 HILLVIEW AV CITY/STATE IDAHO FALLS ID 22. TEL 524-0749

23. PATIENT'S EMPLOYER N 24. EMPLOYER ADDRESS 25. TEL

26. SOCIAL SECURITY NO. 27. EMPLOYER ID 28. LGE 29. OCCUPATION 30. LOR 31. COUNTY CODE 019 32. COUNTY BONNEVILLE

33. RESPONSIBLE PARTY M 34. RESPONSIBLE PARTY'S ADDRESS 1008 HILLVIEW AV CITY/STATE IDAHO FALLS ID 35. TEL 524-0749

36. RESPONSIBLE PARTY'S EMPLOYER F 37. EMPLOYER ADDRESS P O BOX 1625 CITY/STATE IDAHO FALLS ID 38. TEL 524-0111

39. SOCIAL SECURITY NO. 519-90-0548 40. EMPLOYER ID 41. LGE 42. OCCUPATION SECRETARY 43. LOR 44. COUNTY CODE 019 45. COUNTY BONNEVILLE

46. OTHER PARTY 47. OTHER PARTY'S ADDRESS CITY/STATE 48. TEL

49. OTHER PARTY'S EMPLOYER 50. EMPLOYER ADDRESS CITY/STATE 51. TEL

52. SOCIAL SECURITY NO. 53. EMPLOYER ID 54. LGE 55. OCCUPATION 56. LOR 57. COUNTY CODE 58. COUNTY

59. INS CODE 60. SP 61. PATIENT 62. CLAIM PROCESSING ADDRESS 63. CLAIM PROCESSING ADDRESS CITY/STATE

64. INS CODE 20608 65. SP 66. PATIENT 67. CLAIM PROCESSING ADDRESS PO BOX 7707 BOISE ID

68. INSURED R 69. CERTIFICATE (BSN) HIC ID NO. 70. GROUP NAME 71. INSURANCE GROUP NO. 72. TREATMENT AUTH. 73. CD 74. FROM 75. THROUGH

76. CERTIFICATE (BSN) HIC ID NO. 019900548 77. GROUP NAME LOCKHEED 78. INSURANCE GROUP NO. 701216 79. TREATMENT AUTH. 80. CD 81. FROM 82. THROUGH

83. COVERAGE 84. COVERAGE 85. COVERAGE

86. INS CODE 87. SP 88. PATIENT 89. CLAIM PROCESSING ADDRESS 90. CLAIM PROCESSING ADDRESS CITY/STATE

91. INSURED 92. CERTIFICATE (BSN) HIC ID NO. 93. GROUP NAME 94. INSURANCE GROUP NO. 95. TREATMENT AUTH. 96. CD 97. FROM 98. THROUGH

99. CERTIFICATE (BSN) HIC ID NO. 100. GROUP NAME 101. INSURANCE GROUP NO. 102. TREATMENT AUTH. 103. CD 104. FROM 105. THROUGH

106. COVERAGE 107. COVERAGE 108. COVERAGE

109. INS CODE 110. SP 111. PATIENT 112. CLAIM PROCESSING ADDRESS 113. CLAIM PROCESSING ADDRESS CITY/STATE

114. INSURED 115. CERTIFICATE (BSN) HIC ID NO. 116. GROUP NAME 117. INSURANCE GROUP NO. 118. TREATMENT AUTH. 119. CD 120. FROM 121. THROUGH

122. CERTIFICATE (BSN) HIC ID NO. 123. GROUP NAME 124. INSURANCE GROUP NO. 125. TREATMENT AUTH. 126. CD 127. FROM 128. THROUGH

129. COVERAGE 130. COVERAGE 131. COVERAGE

132. INS CODE 133. SP 134. PATIENT 135. CLAIM PROCESSING ADDRESS 136. CLAIM PROCESSING ADDRESS CITY/STATE

137. INSURED 138. CERTIFICATE (BSN) HIC ID NO. 139. GROUP NAME 140. INSURANCE GROUP NO. 141. TREATMENT AUTH. 142. CD 143. FROM 144. THROUGH

145. CERTIFICATE (BSN) HIC ID NO. 146. GROUP NAME 147. INSURANCE GROUP NO. 148. TREATMENT AUTH. 149. CD 150. FROM 151. THROUGH

152. COVERAGE 153. COVERAGE 154. COVERAGE

155. INS CODE 156. SP 157. PATIENT 158. CLAIM PROCESSING ADDRESS 159. CLAIM PROCESSING ADDRESS CITY/STATE

160. INSURED 161. CERTIFICATE (BSN) HIC ID NO. 162. GROUP NAME 163. INSURANCE GROUP NO. 164. TREATMENT AUTH. 165. CD 166. FROM 167. THROUGH

168. CERTIFICATE (BSN) HIC ID NO. 169. GROUP NAME 170. INSURANCE GROUP NO. 171. TREATMENT AUTH. 172. CD 173. FROM 174. THROUGH

175. COVERAGE 176. COVERAGE 177. COVERAGE

178. INS CODE 179. SP 180. PATIENT 181. CLAIM PROCESSING ADDRESS 182. CLAIM PROCESSING ADDRESS CITY/STATE

183. INSURED 184. CERTIFICATE (BSN) HIC ID NO. 185. GROUP NAME 186. INSURANCE GROUP NO. 187. TREATMENT AUTH. 188. CD 189. FROM 190. THROUGH

191. CERTIFICATE (BSN) HIC ID NO. 192. GROUP NAME 193. INSURANCE GROUP NO. 194. TREATMENT AUTH. 195. CD 196. FROM 197. THROUGH

MEDICAL RECORDS COPY

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EIRMC-S1

8

PRINT NAME: LAST / FIRST Strong, Tom

DOB 9/5/81 AGE 11

SEX: (M) F

TIME TRIAGE <u>1341</u>	TRIAGE NURSE SIGNATURE <u>R. Josephson</u>	TRIAGE CATEGORY <u>I</u>	<u>WALK</u>	WC	AMB CARRIED	AIR POLICE
----------------------------	---	-----------------------------	-------------	----	----------------	---------------

CHIEF COMPLAINT: social & lac  
FOCUSED EXAM: But not the side of jaw & wrench while on chart. jaw felt fine, just hurt. & can't move to side of lower jaw  
R. Josephson

ALLERGIES:

unka

PmHX: NONE

SURGERIES:

PMD Blackburn

none

MEDICATIONS:

none

B/P <u>117/65</u>	PULSE <u>67</u>	RESP. <u>20</u>	TEMP. <u>97.9</u>	O <sub>2</sub> Sat % <u>100%</u>	WT <u>145#</u>	LMP / EDC <u>N/A</u>	IMM/TET <u>&gt; 5 yrs</u>	NEURO <u>A/O x 4</u>
----------------------	--------------------	--------------------	----------------------	-------------------------------------	-------------------	-------------------------	------------------------------	-------------------------

VISION ACUITY: OD OS OU	GLASSES: Y / N	CONTACTS: Y / N
<input type="checkbox"/> ICE <input type="checkbox"/> DRESSING <input type="checkbox"/> C-COLLAR <input type="checkbox"/> X-RAY <input type="checkbox"/> POLICE	<input type="checkbox"/> MEDS <input type="checkbox"/> SPLINT <input type="checkbox"/> UA DIP <input type="checkbox"/> LAB <input type="checkbox"/> SOCIAL SERVICES	

ORDERS	TIME	ORDERS	TIME
<input type="checkbox"/> CBC		<input type="checkbox"/> KDA	
<input type="checkbox"/> CK Enz		<input type="checkbox"/> AMY	
<input type="checkbox"/> PT/PTT		<input type="checkbox"/> ABG	
<input type="checkbox"/> EKG		<input type="checkbox"/> CARDIAC	
<input type="checkbox"/> OD		<input type="checkbox"/> TRAUMA	
<input type="checkbox"/> STAT #1		<input type="checkbox"/> STAT #2	
<input type="checkbox"/> UA		<input type="checkbox"/> TOX	
<input type="checkbox"/> DIP		<input type="checkbox"/> ETOH	
<input type="checkbox"/> HCG		<input type="checkbox"/> DIL	
<input type="checkbox"/> DIG		<input type="checkbox"/> NG	
<input type="checkbox"/> THEO		<input type="checkbox"/> FOLEY	
<input type="checkbox"/> Culture		<input type="checkbox"/> Old Record	
<input type="checkbox"/> X-RAY		<input type="checkbox"/> STAT	
<input type="checkbox"/> CXR		<input type="checkbox"/> PORT	
<input type="checkbox"/> CS		<input type="checkbox"/> TS	
<input type="checkbox"/> ABD		<input type="checkbox"/> LS	
CT:			

NURSES NOTES: 1341 TO REG. R. Josephson  
1418 - 1418 TO MS-8  
1450 - 1450 2/14 R. Josephson  
NOTED TO LE JAW FROM  
1527 - 1527 3/4 R. Josephson  
1455 - 1455 5/4 R. Josephson  
1455 - 1455 wound checked & sensation  
with Pt. Ac'd to home with  
Verbal instructions given to Pt. & his mother  
Pt. verbalized understanding. epinephrine  
instructions shared. P. Stinson, JPO

TIME	B/P	PULSE	Resp/Set	Temp	GCS	TIME	IV	Ga	#s	Site	INT	AMT
1710	114/66	60	12	-	15							

TIME	MEDICATION	DOSE	ROUTE	SITE	SIGNATURE	RESPONSE
1455	ADULT DT. AM				<u>R. Josephson</u>	

DICTIONARY / TIME SEEN:

FRACTURE TO <u>(L) mandible</u>	
LAC TO <u>(L) mandible</u>	
Admit:	Report:
ED PHYSICIAN	PHYSICIAN
Time:	<input type="checkbox"/> AMA <input type="checkbox"/> LWBS <input type="checkbox"/> DECEASED

EIRMC, IDAHO FALLS  
WHITE - MEDICAL RECORDS  
90108 (3/96)

EMERGENCY DEPARTMENT  
YELLOW - ATTENDING PHYSICIAN  
PINK - EMERGENCY DEPARTMENT

ADDRESSOGRAPH  
STRONG TON  
9/03/1981  
72003164 11/03/81  
DR. ANDERSON JOSEPH  
BLACKBURN HYR241615

STRONG TON

385



EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY • IDAHO FALLS ID 83404 • (208) 529-6001

## EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department has been on an emergency basis only, and is not intended as a substitute for complete medical services. It is important that you be checked again as instructed. If you notice any worsening of your symptoms, promptly call your referral doctor or return to the hospital. If an X-ray has been performed it has been read on a preliminary basis only, and will be reviewed by a radiologist within twenty four hours. The results of any lab test that require additional time to study, such as cultures, may be obtained later from your personal physician. A copy of your Emergency Department record is available to your private physician.

YOUR DIAGNOSIS IS: Fracture to mandible

PRINTED INSTRUCTIONS PROVIDED: ☒ as indicated

ADDITIONAL INSTRUCTIONS: See Dr. Munk tomorrow (11/4)

1. Soft Food Diet through to
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

☐ Follow up care with your personal physician should be obtained in \_\_\_\_\_ days, Dr. \_\_\_\_\_

RETURN IF CONDITION WORSENS OR CALL 529-6001

YOU HAVE BEEN TREATED BY: \_\_\_\_\_

I have received and understand the instructions outlined above. ☒ \_\_\_\_\_

Patient or Representative

EXPLAINED TO AND UNDERSTANDING VERBALIZED BY: ☐ PT. ☐ OTHER \_\_\_\_\_ NEURO: ☐ A&O/Other \_\_\_\_\_

☐ HOME ☐ WORK ☐ ALONE ☐ FRIEND ☐ FAMILY ☐ CUSTODY MODE: ☐ WALK ☐ W/C ☐ CRUTCHES ☐ CARRIED  
CONDITION ON DISCHARGE: ☐ IMPROVED ☐ SAME ☐ SECOND SET OF VITALS ☐ Fast Track # 529-7590

STAFF

DATE

DC

TIME

## HOSPITAL WORK / SCHOOL NOTIFICATION FORM

\_\_\_\_\_ was seen in the Emergency Department today.

☐ Unable to work / attend school for \_\_\_\_\_ days. ☐ Restrictions (physical ed./sports/specific work): \_\_\_\_\_

☐ May resume work / school on \_\_\_\_\_ ☐ Should see own doctor before returning to work / school

DATE: \_\_\_\_\_

Eastern Idaho Regional Medical Center

Signature of Physician / Practitioner / Nurse

## EMERGENCY DEPARTMENT PRESCRIPTION

DRUG NAME	Mg.	DISP.	Sig.
<u>Penicillin VK</u>	<u>500</u>	<u>#30</u>	<u>Take 8 hours x 10 days</u>
<u>Lorazepam</u>	<u>10/500</u>	<u>#20</u>	<u>Take 4-6" 11/79</u>
<u>Write - follow</u>			
<u>STRONG TON</u>			
<u>M 216 09/03/1981</u>			
<u>72/6536 11/03/97</u>			
<u>DR. ANDERSON JOSH GROSSOGRAPH</u>			
<u>BLACKBURN HYH241-15</u>			

☐ DO NOT DRIVE WHILE  
TAKING MEDICATION  
☐ BRAND ONLY\*

Refill # \$  
NR \$

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY • IDAHO FALLS, ID 83404 • (208) 535-4797

STRONG TON  
M/016 730553  
DR. ANDERSON JOSH GROSSOGRAPH

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**COLUMBIA EASTERN REGIONAL MEDICAL CENTER**

**CONSENT AND CONDITIONS OF TREATMENT**

I hereby agree and give my consent for the admission / treatment to Columbia ~~EIRMC~~ Hospital under the care of the attending physician, his associates, partners, assistants or designees. I consent to any and all hospital care, which encompasses x-ray examination, laboratory procedures, diagnostic procedures, anesthesia, and nursing or medical/surgical treatment which special instructions of the same, during my hospitalization. In consideration of the hospital care and treatment to be rendered to me by the Hospital, I agree and consent to the following conditions:

(1) **MEDICAL AND SURGICAL TREATMENT.** I agree and understand that all physicians, dentists and oral surgeons treating me or the patient in any way are responsible and liable for their own acts or omissions and the Hospital is not responsible or liable for the acts and omissions of the aforementioned. I am aware that the practice of medicine is not an exact science and further state that no guarantee has been or can be made as to the results of the treatments or examinations in the Hospital.

(2) **ASSIGNMENTS OF INSURANCE BENEFITS.** I hereby assign and authorize payment directly to the Hospital, of any hospital benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third-party, payable by any party, organization, et cetera, to or for the patient unless the account for this hospital, outpatient treatment or series of outpatient treatments is paid in full upon discharge or completion of outpatient treatments. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until this account for this hospitalization is paid in full. I understand that I am responsible for any hospital charges not covered by my insurance company. The undersigned individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the Hospital.

(3) **ASSIGNMENT OF PHYSICIAN BENEFITS.** In the event that I, the patient, in addition to hospital benefits, am entitled to any physician(s) benefits of any type whatsoever arising out of a policy of insurance insuring me or any other party's liability to me, I hereby assign said benefits to any physician rendering care or treatment during this stay or outpatient visits, to be applied to my bill.

(4) **RELEASE OF MEDICAL INFORMATION.** I authorize the Hospital and any physician rendering care or treatment to release medical and supporting documentation of same as compiled in the medical records during this admission or outpatient visit for purposes of benefit payment.

(5) **MEDICARE PATIENT CERTIFICATION.** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of authorized benefits be made on my behalf.

(6) **PRIVATE ROOM DIFFERENCE.** I agree and understand that if I request a private room for myself or the patient, I am responsible for the entire private room difference.

(7) **PERSONAL VALUABLE AND BELONGINGS.** It is understood and agreed that the hospital maintains a safe for the safekeeping of money, valuables and personal belongings and the Hospital shall not be liable for the loss or damage to any articles of personal property while I am hospitalized unless said articles are deposited with the hospital in the safe and receipts are issued describing said items. The undersigned certifies that he has read all of this document and is the patient, or is duly authorized by the patient or by the law to execute the above agreement and accepts and understands its terms.

**AGREEMENT FOR PAYMENT**

The undersigned hereby expressly agrees to pay and guarantee payment in full of any and all charges for hospital services rendered and materials furnished to or for Patient by Columbia ~~EIRMC~~ Hospital pursuant to the admission of Patient, and the undersigned further acknowledges and agrees as follows:

(1) **GENERAL BILLING INFORMATION.** (In-Patient and Out-Patient). It is the Hospital's policy to require payment of all accounts at the time when services are rendered or upon Patient's discharge. As a courtesy to the Patient, the Hospital will bill predetermined insurance benefits and will allow a reasonable time for the insurance company to pay. Should payment not be received, the Patient will be billed for the total charges, and payment is expected from the Patient or responsible party upon receipt of the bill.

(2) **BILLING PROCEDURES FOR PATIENTS WITHOUT INSURANCE OR WITH PARTIAL INSURANCE.** (In-Patient and Out-Patient). Any portion of a bill which is not covered by insurance, is expected to be paid at the time when services are rendered or upon Patient's discharge. Because all billing information may not be complete at the time of Patient's discharge, a summary bill will be provided to Patient after discharge. Patient will receive a billing summary after discharge, and the undersigned hereby agrees to pay upon receipt of the bill all amounts set forth in the bill.

(3) **RESPONSIBLE PARTIES.** If more than one person signs the Agreement for payment, their liability shall be joint and several. If any undersigned fails to make payment due hereunder, said account shall become delinquent and will be turned over to a collection agency or an attorney for collection. The undersigned hereby acknowledges and agrees that they shall pay all collection agency fees, Court costs and all attorney's fees incurred by Hospital in collecting the delinquent account. The undersigned hereby waives all rights to notice, presentment or demand by Hospital.

(4) **AMOUNT OF CHARGES.** It is understood and agreed by the undersigned that the total charges for services rendered and any insurance benefits which are calculated at the time of discharge, are estimates based upon the best information available to the Hospital at the time of discharge, and that the Hospital upon receipt of subsequent information may amend such charges for services rendered, or the insurance payments actually received, and will notify Patient of any such changes. The undersigned specifically agrees to pay such additional or amended charges upon receipt of the Hospital's bill or notice.

(5) **PAYMENT AGREEMENT.** The undersigned individually obligates himself to the payment of the Hospital account incurred by the patient in accordance with the regular rates and terms of the Hospital at the time of patient's discharge. If the patient fails to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, the undersigned shall pay all collection agency fees, court costs and attorney's fees. The undersigned agrees that any patient or guarantor overpayments collected on the above admission or outpatient treatments may be applied directly to any delinquent account for which the patient or guarantor is legally responsible at the time of collection of the overpayment.

The undersigned acknowledge that they have read and fully understand the terms and conditions of this Agreement for Payment, and that they have received a copy of this agreement.

Does your insurance require precertification for this visit? ☒ Yes ☐ No

PATIENT NAME / SIGNATURE

GUARANTOR

RELATIONSHIP

DATE

WITNESS

90173 (4/96)

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COLUMBIA EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 Channing Way, Idaho Falls, Idaho 83403 (208) 529-6460

STRONG, TOM

EMERGENCY ROOM REPORT

VISIT DATE: 11/03/97

The patient is a 16-year-old white male with a chief complaint of laceration to his left jaw.

**HISTORY OF PRESENT ILLNESS:** The patient was at school today when a 10-inch wrench flew off a rowder at school today and hit him in the left jaw. The patient has left jaw pain, denies any temporal mandibular joint difficulty. He can close his mouth. He denies any loss of consciousness. He feels tingling near the wound and around the wound. The patient is in no acute distress, but he is holding gauze and ice pack over the wound to help stop the bleeding. There is a 3-cm laceration to the body of the mandible posterior to the mental tubercle distal to the ramus of the left mandible.

**X-RAY:** Panorex film to the left mandible shows a comminuted fracture to the inferior portion of the left mandible. There is no communication to the alveolar ridge.

**TREATMENT:** The wound was cleaned after being anesthetized with 1% Lidocaine with Epinephrine. The wound edges were approximated with 5.0 Ethilon using a PS-2 needle. Seven stitches were applied.

**ASSESSMENT:** COMMINUTED FRACTURE TO THE LEFT MANDIBLE DISTAL TO THE RAMUS AND A 3-CM LACERATION.

**PLAN:** The patient is to see Dr. Munk tomorrow, 11/04/97. He also has a prescription for Penicillin VK 500 mg 1 tablet q 8 hours for 10 days and Lortab. He will be getting 20 of those 1 table q every 4-6 hours. The patient should also be on a soft diet for the next several days so he does not have pain with eating.

KAREN IZBICKI, PA-S/JOE ANDERSON, M.D.

KI/sr

DD: 11/03/97 17:10

DT: 11/04/97 8:21

JOE ANDERSON, M.D.

RM: /E

MR: 241615

BN: 73265364 M 09/03/1981 AGE: 016

STRONG, TOM

EASTERN IDAHO REGIONAL MEDICAL CENTER

PAGE 1

WP ID:RA

PATIENT: STRONG TOM  
SEX: M AGE: 16 DOB: 09-05-81  
XR#: 188574

REFERRING MD: EMERGENCY ROOM DOCTORS  
PRIMARY MD: HYRUM BLACKBURN  
MR#: 241615

EXAM DATE: 11-03-97 ROOM: ER RQ#: 68920 SS#:

MANDIBULAR SERIES AND PANOREX VIEW OF THE MANDIBLE PERFORMED ON NOVEMBER 3, 1997:

CLINICAL HISTORY: STRUCK ON CHIN WITH WRENCH.

FINDINGS: There is a comminuted left parasymphyseal mandibular fracture with fracture fragments mildly displaced, but remaining in near anatomic alignment.

There is no extension of the fracture plane into the alveolar ridge.

Soft tissue swelling surrounds the injury.

Condyles are normally located.

IMPRESSION:

1. COMMINUTED LEFT PARASYMPHYSEAL MANDIBULAR FRACTURE, FRACTURE LINE DOES NOT ENTER THE ALVEOLAR RIDGE OR BREACH THE GINGIVA.

SCHMUTZ/plc

DD: 11/03/97 16:42

DT: 11/04/97 6:08

FRITZ SCHMUTZ, M.D.

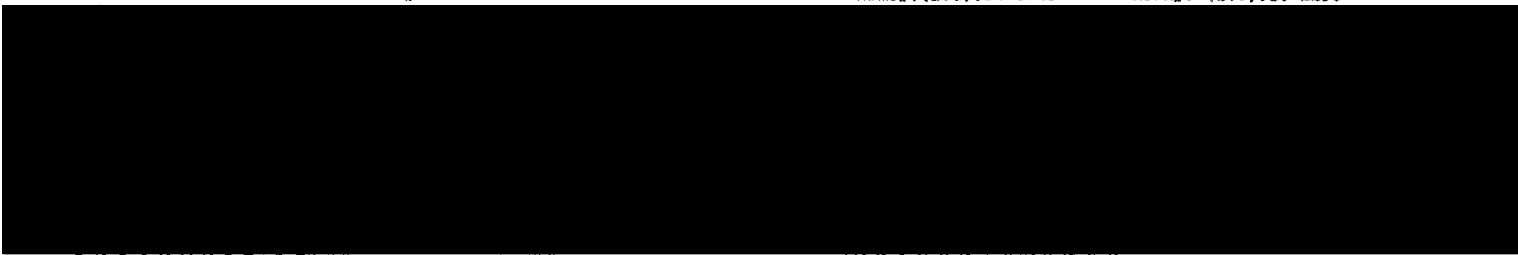
389

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STRONG, TOM		A#D00094566599		REG'ER		U#D000241615	
PATIENT				PATIENT EMPLOYER			
SOC SEC NO:		DOB:	AGE:	SEX:	MS:	Religion:	VIP:
[REDACTED]		[REDACTED]	20	H	S		
RACE:		FINANCIAL:					
W		PPO					
Address: 1008 HILLVIEW AV				Work Phone:			
IDAHO FALLS, ID 83402				Occupation: PART TIME			
Home Ph: (208)524-0749				Patient Language: ENGLISH			
GUARANTOR				GUARANTOR EMPLOYER			
STRONG, TOM				D & D AUTOMOTIVE			

Address: 1008 HILLVIEW AV		Relation: PATIENT		Work #:			
IDAHO FALLS, ID 83402							
Home Ph: (208)524-0749							
OTHER GUARANTOR				OTHER GUARANTOR EMPLOYER			
CHENOWETH, TERILYN				BECHTEL BW			
Address:				...			
Occupation:							

PERSON TO NOTIFY		NEXT OF KIN	
Home#:		Home#:	
Work#:		Work#:	
		(208)526-2293	



Mail To:		IPLAN#:		Treat/Percent:	
Policy Number:				Ins Verify:	
Subscriber:		Group:		Rel Assign	
Relation to Patient:		Coverage:		Contact:	
				Pro Review:	

INSURANCE #3		IPLAN#:		AUTHORIZATION	
Mail To:				Treat/Percent:	
Policy Number:				Ins Verify:	
Subscriber:		Group:		Rel Assign	
Relation to Patient:		Coverage:		Contact:	
				Pro Review:	

OCCURRENCES		CONDITIONS	
TYPE	DATE	TIME	
05	03/04/02		

LAST HOSPITALIZATION:		Adm Cmt:	
ADMISSION / REGISTRATION			

ATTENDING PHY:		ADMIT PHY:		ER PHY: Cross, Scott G. M.D.	
PRIM CARE PHY:		FML PHY:		OTH PHY:	
Date	Time	Source	Room/Bed	Arrival	Admitting Diagnosis/Reason For Visit
03/04/02	0428	ER		WI	BULLET THROUGH RT HAND/IN MOUNTAINS
PATIENT PRIMARY OUTPATIENT LOCATION: D.ED			OTHER OUTPATIENT LOCATION:		
EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404					

DATE:

PRINT NAME: LAST/FIRST

Strong, Tom

DOB: 9/13/81

AGE:

SEX:

M

TIME TRIAGE	TRIAGE NURSE SIGNATURE	TRIAGE CATEGORY E U N I	MODE OF ARRIVAL: WALK WC	AMB CARRIED	AIR POLICE
CHIEF COMPLAINT: FOCUSED EXAM/HPI: <u>Gunshot wound</u>			ALLERGIES: Latex <input type="checkbox"/> Yes <input type="checkbox"/> No		
PmHX: <input type="checkbox"/> NONE <input type="checkbox"/> Smoker - Packs per day _____ <input type="checkbox"/> Given history sheet			SURGERIES:		
MEDICATIONS:			Family MD _____		
TB SCREEN: Recent Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No Cough > 3wks: <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoptysis: <input type="checkbox"/> Yes <input type="checkbox"/> No					
B/P	PULSE	RESP	TEMP	O2 Sat %	PAIN
					10
LAST INTAKE:			72' RETURN: <input type="checkbox"/> Yes <input type="checkbox"/> No VISUAL ACUTY: OD OS OU		

ORDERS	INIT.	ORDERS	INIT.	ACTION TAKEN	TIME	INIT.	ACTION TAKEN	TIME	INIT.
CBC		CHEM 7/13		To Room	0435	SD	02: LPM <input type="checkbox"/> NC <input type="checkbox"/> NRM		
CARD. ENZ.		AMY/LIPASE		Explained Procedures			Cardiac Monitor Placed		
PT/PTT		ABG		Prepared For Exam	0435	SD	B/P / SaO2 Monitor Placed		
EKG		CARD PANEL		<input type="checkbox"/> Brakes Locked <input type="checkbox"/> Siderails Up			EKG Completed		
OD PANEL		TRAUMA		Bed In Low Position			Labs Drawn		
STAT#1		STAT#2		MD/PA Notified			ABG's Site: _____		
UA		TOX SCREEN		MD/PA In Room	0435	SD	Foley - Size: _____		
DIP		ETOH		Emotional Support Provided			Quick Cath Color: _____		
HCG		IV		Family With Patient			UA/CULT Color: _____		
DIG		NG		Waiting Time Explained			U- Dip: <input type="checkbox"/> Blood <input type="checkbox"/> Leak <input type="checkbox"/> Glucose		
SPUT. CULT		FOLEY		Crisis Intervention			<input type="checkbox"/> Specific Gravity _____		
BCx2 2 SITES		OLD RECORDS		Cleanse Wound	0440	SD	Whole Blood Glucose _____		
XRAYs				Ice			WBG - Repeat _____		
CXR		PORT		Elevation Of Extremity			Consulting MD _____		
CS	TS	LS		Dressing - Type _____			Surgeon _____		
ABD				Ace - Size _____			Trauma Level Activated _____		
CT:				<input type="checkbox"/> Crutches <input type="checkbox"/> Sling <input type="checkbox"/> Splint			Other: _____		

ADDITIONAL ORDERS	ACTION TAKEN	TIME	INIT	VALUABLES	REPORT CALLED
xray (C) RANDU TRAP. 500 KREFOX 500 P.O. + DC Vicodin GPK	Resp. Treatment			<input type="checkbox"/> Glasses/Contacts	To: _____
	Resp. Tx- Repeat			<input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Time: _____
	Gastric Lavage			<input type="checkbox"/> Hearing Aid <input type="checkbox"/> IL <input type="checkbox"/> OR	DISPOSITION
	Immob. Type: _____			<input type="checkbox"/> Jewelry _____	Admitted to _____
	C - Collar Removed			<input type="checkbox"/> Shirt/Blouse	Time: _____
	Immobolization Removed			<input type="checkbox"/> Pants/Slacks	<input type="checkbox"/> Discharged
	Port. X-ray <u>head</u>	0445	SD	<input type="checkbox"/> Shoes <input type="checkbox"/> Socks	Time: _____
	To Medical Imaging			<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> WC	<input type="checkbox"/> Transferred to _____
	Returned			<input type="checkbox"/> Money: Amt. \$ _____	Time: _____
	To Med. Imaging #2			<input type="checkbox"/> Given to Family	<input type="checkbox"/> Left AMA <input type="checkbox"/> LWBS
Returned #2			<input type="checkbox"/> Taken to Floor	<input type="checkbox"/> Expired	
Assist With Vaginal Exam			<input type="checkbox"/> Given to Security	<input type="checkbox"/> To Mortuary	
Assist With Sutures			<input type="checkbox"/> Given to Other _____	<input type="checkbox"/> To Morgue	

☐ DICTATED ☒ TEMPLATE

IMP #1

IMP #2

IMP #3

CONDITION at DISCHARGE:

Stable ☐Unstable ☐Expired ☐

ED

PHYS.

ADM.

PHYS.

MD SIGNATURE

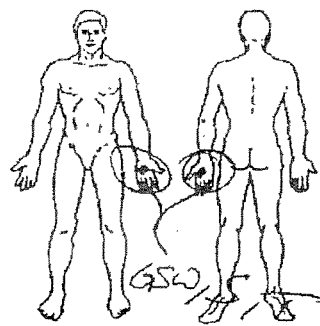
9 unit wound  
to Rand

# LEGEND

A Abrasion E Edema S Swelling  
 Amp Amputation H Hematoma T Tenderness  
 AV Avulsion L Laceration STB Stab Wound  
 Cp Compound P Pain GSW Gunshot Wound  
 C Contusion Pt Petechiae B1 1st Degree Burn  
 D Deformity R Rash B2 2nd Degree Burn  
 Ec Ecchymosis Sc Scar B3 3rd Degree Burn  
 % Burn

1mm 2mm 3mm 4mm

5mm 6mm 7mm 8mm



## TRAUMA BAND ID#

### SHADED AREAS MUST BE COMPLETED

### UNSHADED AREAS COMPLETED AS APPLICABLE

**RESPIRATORY** ☒ WNL  
☐ Shallow ☐ Labored  
☐ Diminished ☐ L ☐ R  
☐ Wheezing ☐ L ☐ R  
☐ Retractions  
☐ Rales/Rhonchi ☐ L ☐ R  
☐ Cough: ☐ Dry ☐ Moist  
☐ Expectoration (color)  
**CIRC/CARDIO** ☒ WNL  
☐ Pulse(s) (site)  
☐ Absent ☐ Weak ☐ Edema  
☐ Capillary Refill  
☐ Heart Sounds Muffled  
☐ Murmur ☐ Rob ☐ Irregular  
**MENTAL/NEURO** ☒ WNL  
☐ Baby ☐ Confused ☐ Anxious  
☐ Lethargic ☐ Combative  
☐ Crying ☐ Speech garbled  
☐ Responds To Stimuli  
 Desc.  
☐ Seizure Activity  
☐ LOC ☐ Yes ☐ No  
☐ Duration  
☐ Headache ☐ Stiff neck  
☐ Dizziness ☐ Weakness  
☐ Numbness/Tingling  
**NGCS:** ☒   
**NUTRITIONAL SCREEN** ☒ WNL  
☐ Appetite/Intake Decreased  
☐ Rec. Weight Loss/Gain lbs  
☐ Unable To Eat/Drink  
☐ Dysphagia ☐ Anorexia  
**FUNCTIONAL SCREEN**  
☒ ADL's With Assist  
☒ ADL's Without Assist  
☐ Swallow Impaired  
☐ Speech Impaired  
☐ Mobility/Function Restricted

**PAIN SEVERITY** ☒ 8 ☐ 10  
☐ Constant ☐ Intermittent ☐ Dull  
☐ Sharp ☐ Burning ☐ Stabbing  
☐ Radiating  
☐ Location ☐ Other  
**PSYCHOSOCIAL** ☒ WNL  
☐ Developmentally Challenged  
☐ Cultural Needs ☐ Religious Needs  
☐ Depressed ☐ Danger to Self/Others  
☐ Appearance Unkempt  
☐ Support System  
☐ Substance Abuse ☐ Suspected  
☐ Admitted ☐ Denied  
☐ Type  
☐ ETOH Odor  
**EDUC. ABILITIES** ☒ WNL  
☐ Language Barrier  
☐ Language Line ☐ Hosp. Interpreter  
☐ Learning Disability  
☐ Cognitive Limitation  
☐ Hearing Impaired  
**SOCIAL SCREEN**  
☒ Well Adjusted ☐ Denies Needs  
☐ Lives Alone/Nursing Home  
☐ Needs/Utilizes HH Services  
☐ Questions Re: Cost of Care  
**SKIN** ☒ WNL ☐ NA  
☐ Pale ☐ Gray ☐ Cyanotic  
☐ Jaundice  
☐ Cool ☐ Cold ☐ Hot  
☐ Flushed ☐ Diaphoretic  
☐ Rash  
☐ Skin Breakdown  
☐ Turgor Poor  
☐ Burns ☐ Thermal ☐ Chemical  
☐ Electrical ☐ Inhalation

**PUPILS** ☒ WNL ☐ NA  
☐ Size: L ☐ R  
☐ Brisk ☐ Brisk  
☐ Sluggish ☐ Sluggish  
☐ Dilated ☐ Dilated  
☐ Pinpoint ☐ Pinpoint  
☐ Fixed ☐ Fixed  
☐ Eyes Closed By Swelling  
**EENT** ☒ WNL ☐ NA  
☐ Blurred ☐ Photophobia  
☐ Earache: ☐ L ☐ R  
☐ Drainage From Ears: ☐ L ☐ R  
☐ Blood ☐ Clear ☐ Purulent  
☐ Nasal Congestion  
☐ Epistaxis: ☐ L ☐ R  
☐ Sore Throat ☐ Dysphagia  
**NECK** ☒ WNL ☐ NA  
☐ Tender ☐ SQ Emphysema  
☐ Penetrating Injury ☐ JVD  
☐ Cervical Collar In Place  
**GU** ☒ WNL ☐ NA  
☐ Frequency ☐ Urgency ☐ Retention  
☐ Dysuria ☐ Hematuria ☐ Incont.  
☐ Urthral Discharge  
☐ Blood At Meatus  
**PEDIATRIC** ☐ Age Approp. ☒ NA  
☐ Developmentally Delayed  
☐ Smaller ☐ Larger Than Average  
**ABDOMEN/GI** ☒ WNL ☐ NA  
☐ Firm ☐ Rigid ☐ Rounded  
☐ Tender ☐ Distended  
☐ Bowel Sounds: ☐ Absent ☐ Hyper  
☐ Nausea ☐ Vomiting  
☐ Diarrhea ☐ Constipation  
☐ Hematemesis ☐ Melena  
☐ Incontinent Stool  
☐ Last BM

**GYN** ☐ WNL ☐ NA  
☐ Pregnant ☒ ED  
☐ FHT ☐ G: ☐ P: ☐ AB:  
☐ Abnormal Vaginal Bleeding:  
☐ Clots ☐ Spotting ☐ Heavy  
☐ #Pads:  
☐ Discharge:  
**PELVIS** ☐ WNL ☒ NA  
☐ Tender ☐ Unstable to Pelvic Rock  
**UPPER EXTREMITIES** ☐ WNL ☐ NA  
☐ Amputation: Site  
☐ Deformity ☐ Swelling  
☐ Pulses Unequal ☐ Pain  
☐ Absent ☐ L ☐ R  
☐ Cap Refill: L ☐ R ☐ 3 sec  
☐ Sensation Decreased  
☐ Numbness ☐ Tingling  
**LOWER EXTREMITIES** ☒ WNL ☐ NA  
☐ Amputation: Site  
☐ Deformity ☐ Swelling  
☐ Pulses Unequal ☐ Pain  
☐ Absent ☐ L ☐ R  
☐ Cap Refill: L ☐ R ☐ 3 sec  
☐ Sensation Decreased  
☐ Numbness ☐ Tingling  
**BACK** ☒ WNL ☐ NA  
☐ Tender ☐ Deformity  
**INTAKE:**  
**OUTPUT:**  
 Assessment Time 0445  
 Nurse Performing Assessment: SL

### NURSES NOTES

0455 Dr. Cooper speaking to Dr. Moore, MD (0530) Police to speak to Dr. P. (Telford County Sheriff). MD (0540) Dr. C. instruction given to Dr. P. verbalized understanding. Pt. ambulated with SL & difficulty. Dr. C. 2 - 10.

### MEDICATIONS

TIME	NAME/DOSE	RTE	SITE	Pain	Response	INIT.
0455	Tetanus 0.5cc	(200)		10		SD
0500	Keflex 500mg	(500)		10		SD
0500	Vibrio 600	(600)		10		SD
				10		
				10		
				10		
				10		
				10		
				10		
				10		

### IV START

TIME	IV	#s	GA	SITE	INIT.	FIELD

### VITAL SIGNS

TIME	B/P	P	R	T	SaO2	Pain
						10
						10



09/03/81 H/20  
03/04/02 ER

ADDRESSOGRAPH

# Eastern Idaho Regional Medical Center

NAME: *Mr. [illegible]* #120

Time of Treatment: *1430*

Room: *7*

Level 1, 2, 3 Documentation - 1 to 3 elements

Chief complaint: *Gunshot to hand.*

Age: *20*

Sex: *M*

*Accidentally shot himself with a  
22 cal. gun approx 4-5 hours  
ago. No other injury. @ hand dominant*

☐ Quality

☐ Symptom/Location

☐ Duration

☐ Severity/Radiation

☐ Treatment PTA/Response

☐ Timing

☐ Modifying Factors

☐ Other Pertinent History

☐ Associated Signs & Sx

☐ Context/Mechanism of injury

☐ EMS Direction

Level 1, 2, 3 Documentation - 1 system, problem

Level 4 Documentation - 2 to 3 systems

☒ All systems negative except as noted  
☐ Unable to fully assess due to:  
( ) altered LOC ( ) patient condition ( ) other

nasal drainage, congestion, s.t.,  
nose bleed, hearing loss, ringing,  
diff. swallowing

menstrual abn. pain on urination,  
urgency, bloody urine, dysuria,  
missed period

hallucinating, suicidal thoughts,  
ingestion, self-injury, agitated,  
depressed

☒ All normal ~~circle negatives~~ circle positives

chest pain, palpitations, racing  
heart, orthopnea, pnd

joint pain, unable to bear weight,  
back/leg pain, foot swelling

excessive urination, swelling, change  
in diet/insulin, fever, chills

fever, chills, cough, weight loss/gain

cough, trouble breathing, sputum,  
hoarseness

rash, lumps, jaundice

hayfever, HIV, immune disorder

blurred vision, redness, itching, diplopia,  
burning, discharge

abd pain, black/bloody stools,  
decreased appetite, NVD,  
constipation, cramps, poor appetite

blackouts, headache, seizure, diff  
walking, speech prob., confusion,  
dizziness, weakness, fainting, CO  
exposure, numbness

blood loss, swollen glands, bruising,  
heavy period, anticoagulated, easy  
bleeding

Level 1, 2, 3 Documentation - None

Level 4 Documentation - One area

DM HTN CAD GI Bleed

DM HTN

MEDICATIONS

ALLERGIES

CVA CA Recent Surgery

CAD CVA

☐ See Nurses Notes.

☐ See Nurses Notes.

TETANUS

Tobacco Marital Status

*Paxil  
ViXX*

Tetanus UTD? ☐ Yes ☐ No  
☐ Booster today

LMP G P Contraception

ETOH Sub Abuse Lives Alone

Information gathering & documentation. Testing & treatment. Documentation abnormal findings and response to care

Lab Normal except:

X-Ray

EKG ☐ 12 Lead ☐ Rhythm Strip

☒ CBC

☒ CHEM

discussed w/ Dr.

Interp:

☒ HCG

☒ ABG

*@ hand -  
no fx.*

☒ UA

*@ FB markings  
in soft tissue*

☐ Additional testing/results

☐ Review old charts

☐ Pulse oximetry and interpretation



09/03/81 W/20  
03/04/02 ER

ADDRESSOGRAPH H.D.

# Eastern Idaho Regional Medical Center

NAME

Date/Time of Treatment AM PM

All elements not circled/struck/checked/annotated - were not pertinent

Room

Level 2, 3 - 2 to 4 body areas / organ systems

☒ Normal ☐ (circle) positives and provide additional documentation

☐ Normal speech  
☐ CN II-XII intact  
☐ DTRs normal, no pathologic reflexes  
☐ Normal motor and sensory function

☐ Normal bowel sounds  
☐ No masses or tenderness  
☐ Normal liver, spleen  
☐ No hemia  
☐ Rectal, not indicated ☐ rectal normal ☐ hemoccult negative

☐ Genitalia normal to inspection  
☐ No masses, tenderness or adenopathy  
☐ Genitalia normal to palpation  
☐ Normal cervix Normal bimanual ☐ bladder ☐ uterus ☐ adnexa  
☐ No CV tenderness

☐ No adenopathy of neck  
☐ No adenopathy of axillae  
☐ No adenopathy of groin  
☐ No adenopathy, other

☐ Normal gait and station  
☐ Normal digits and nails  
☐ No tendon injury  
☐ Proximal and distal joint normal ☐ No F.B. noted

☐ Normal to inspection  
☐ Normal to palpation  
☐ No rash  
☐ W/D

Additional documentation / ED Course:

Risk: ☐ Low ☐ Mod ☐ High

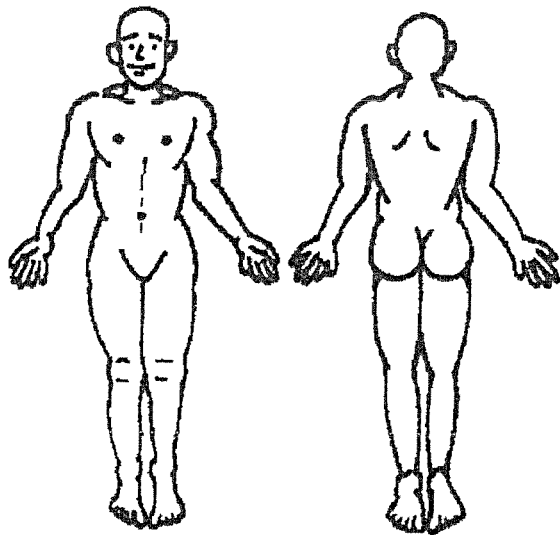
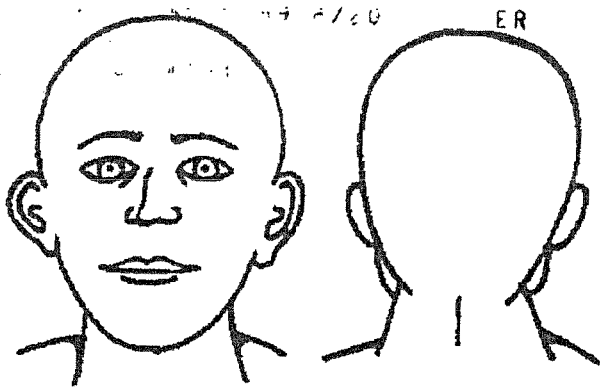
open wound  
through / through.  
no wound pain per patient.  
small amt. of  
active bleeding

wounds irrigated &  
scrubbed  
gauze with pressure  
pain wound after  
some minimal debridement  
only dressing applied.

Signature:

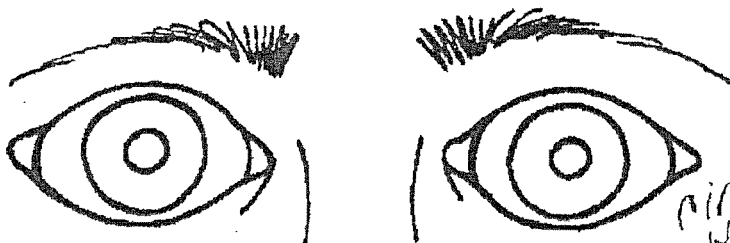
☐ NOTE  
DICTATED

09/01/80  
 Strong, Tom  
 09/03/81 M/20  
 03/04/02 ER  
 T.G.H.D.



plw  
 to gunshot  
 wound

FROM  
 NVI  
 gunshot  
 + shrapnel  
 to primary  
 wound



64,395

# STRONG, TOM

Allergies		Updated Dt/Tm	Verified Dt/Tm
Type	Allergy - Severity/Comments		
MEDICATION			
	MAXALT	03/04/02 0431	03/04/02 0431
	PENICILLIN	03/04/02 0431	03/04/02 0431
FOOD			
	No Known Food Allergies	03/04/02 0431	03/04/02 0431
CONTRAST MEDIA			
	No Known Contrast Allergies	03/04/02 0431	03/04/02 0431
OTHER			
	NO KNOWN ALLERGIES (OTHER)	03/04/02 0431	03/04/02 0431
Emergency Department Triage		03/04 0435 NMC	

## ---EMERGENCY DEPARTMENT TRIAGE---

Chief Complaint: BULLET THROUGH RT HAND

HPI: 22 CAL

Return within 72 hrs? Smoker? N Packs per day:

Family Phys: WRIZA Wright, Zabrana Y. PA-C

Given history sheet:

Mode of Arrival: AMBULATORY

PmHX: Y

History/Surgeries: BROKEN JAW

History/Surgeries: HYPOGLYCEMIA

History/Surgeries: MIGRAINE

History/Surgeries:

---STATED---

---STATED---

Medications: Y Height - Feet: 6 Inches: 0.0 Cm: 182.88 Weight - Lb: 150 Oz: Kg: 68.03

Blood Pressure: 133/79

Pulse: 133

Respirations: 16

SaO2%: 96 RA or O2: RA

Temperature: 97.3 Temp Source: ORL

LMP:

IMM/TET: UNKNOWN

A/O: Y GCS:

Pain Scale (0-10): 8

Triage Category: 2

Room Number: 07

RN: SD

ER Doc: NEW

: VIOXX

: PAXIL

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Monogram	Initials	Name	Nurse Type	User Key
NMC	DNUNMC	CARLSON, NICOLE M	RN	

# STRONG, TOM

Age/Sex: 20 M

Physician:

Unit #: D000241615

Admitted:

Status: PRE ER

Acct #: D00094566599

Location: D.ED

ER Triage

396

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY -- IDAHO FALLS, ID 83403 -- PHONE: 208-529-6111

DISCHARGE INSTRUCTIONS FOR << TOM STRONG >>

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

-----  
GENERAL WOUND CARE:

Good wound care will help reduce pain and prevent infection. Puncture wounds and deep cuts are more likely to cause problems than scrapes and abrasions.

General treatment includes:

- \* Rest and elevate the injured area until the pain and swelling are better.
- \* All foreign material like bits of dirt must be washed off.
- \* Wounds should be cleaned daily with tap water and a gentle soap. Dressings may be needed to protect the wound from further damage.
- \* Watch for signs of infection: increased redness or swelling, pus drainage, or increased pain.
- \* A tetanus shot may be needed if you are due for a booster.

Call your doctor or go to the emergency room promptly if you think your wound is infected or if you have any other concern about your injury.

-----  
PUNCTURE WOUNDS:

You have a puncture wound. This type of wound is very common, especially in feet. Puncture wounds go deeply beneath the skin. They can cause serious problems, including:

- \* Infection - This often develops in 1-3 days. There will be more swelling, redness, and pain. Red streaks and pus drainage also mean infection. This needs immediate medical care.
- \* Deep Injury - Tendons, joints, nerves, or blood vessels can be damaged. Call your doctor or the emergency room if you have trouble moving the injured area, or unusual pain, numbness, or bleeding.
- \* Foreign body - Undetected small bits of clothing or footwear may remain in the wound. This will prevent healing and cause infection.

Please rest and elevate the injured area until all the pain and swelling are gone. Ice packs may be used for 1-2 days to reduce swelling. Start soaking your wound in warm water for 30-60 minutes 3 times daily. This promotes normal drainage and reduces the chance of infection. Cover the wound with a dry, clean dressing between soaks. Antibiotics may be needed to help fight infection. Call your doctor or the emergency room right away if you think your wound is infected, or if you have other problems with your injury.

-----  
ADDITIONAL INSTRUCTIONS:

CONTACT DR. MOORE TODAY  
RETURN ON WED. IF YOU HAVEN'T SEEN DR. MOORE YET  
KEEP HAND ELEVATED AND DRESSING DRY

-----  
PRESCRIPTIONS:

Fill all the prescriptions ordered by your doctor and take them as directed.

- \* If you have been given an antibiotic, be sure to take all of it.
  - \* Keep your drugs out of the reach of children, in a cool, dry, dark place.
  - \* Don't give your medicine to other people or use it for other illnesses.
  - \* Call us right away if you have problems with drug side-effects or allergy.
- Bring your medicines with you any time you go to emergency for treatment.

CEPHALOSPORIN ANTIBIOTICS:

You have been prescribed a cephalosporin drug. Examples of these antibiotics are: Ceclor, Ceftin, Duricef, Keflex, Suprax, Zinacef. These are given for infections of the skin, ear, respiratory tract, and urinary system. They are usually well-tolerated, but if they upset your stomach, take them with food. If you are allergic to penicillin, there is a small risk you will have a similar reaction to cephalosporin antibiotics.

The most common side effects of these drugs are: diarrhea, indigestion, stomach cramps, and vomiting; women can get yeast infections with antibiotic treatment. Please stop taking your medicine and call your doctor right away if you have severe side effects, or any symptoms of drug allergy: hives, itching, rash, fever, or breathing problems. Cephalosporins have not been shown to be completely safe in pregnancy.

-----  
FOLLOW-UP CARE:

Your physician today has been DR. SCOTT CROSS

For follow-up care you have been referred to the following doctor or clinic:

M. KIRK MOORE

Phone: 535-4488

2860 CHANNING WAY, SUITE 117

Please make an appointment for further treatment in \_\_\_\_\_ days. Be sure to tell your referral doctor or clinic that we have sent you, and bring your medicines and instructions to the office. If you had x-rays, an EKG, or lab tests today, they have been reviewed by your doctor. We will contact you at once if other important findings are noted after further review by our staff. If you do not continue to improve or if your condition worsens, please call your doctor or the emergency department right away so you can be examined.

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.

\_\_\_\_\_  
Staff Signature

Monday, March 04, 1902 - 05:33 AM

\_\_\_\_\_  
Patient or Representative Signature

EAST IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY • IDAHO FALLS ID 83404 • (208) 227-2000

EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department has been on an emergency basis only, and is not intended as a substitute for complete medical services. It is important that you be checked again as instructed. If you notice any worsening of your symptoms, promptly call your referral doctor or return to the hospital. If an X-ray has been performed it has been read on a preliminary basis only, and will be reviewed by a radiologist within twenty four hours. The results of any lab test that require additional time to study, such as cultures, may be obtained later from your personal physician. A copy of your Emergency Department record is available to your private physician.

YOUR DIAGNOSIS IS: \_\_\_\_\_

PRINTED INSTRUCTIONS PROVIDED: Open Wound

ADDITIONAL INSTRUCTIONS:

(If required) MEDICAL NECESSITY:

1. Refract Dr. Moore today.
2. Return here on Wednesday if you
3. haven't seen Dr. Moore yet.
4. Keep hand elevated & dressing dry

Referrals Given: ☐ Nutritional 529-6127 ☐ Functional 529-7999 ☐ Social 529-7380 ☐ TB 529-7392

☐ Follow up care with your personal physician should be obtained in \_\_\_\_\_ days, Dr. \_\_\_\_\_

RETURN IF CONDITION WORSENS OR CALL 227-2000

YOU HAVE BEEN TREATED BY: \_\_\_\_\_

I have received and understand the instructions outlined above. ☒ Tom L. Strong

Patient or Representative

EXPLAINED TO AND UNDERSTANDING VERBALIZED BY: ☒ PT. ☐ OTHER \_\_\_\_\_

NEURO: ☐ A&O/Other \_\_\_\_\_

☐ HOME ☐ WORK ☒ ALONE ☐ FRIEND ☐ FAMILY ☐ CUSTODY MODE: ☐ WALK ☐ W/C ☐ CRUTCHES ☐ CARRIED  
☐ VALUABLES WITH PATIENT/SO

PAIN RATING ON DISCHARGE: 2

10

Staff

Date

DC

Time

WORK / SCHOOL NOTIFICATION FORM

\_\_\_\_\_ was seen in the Emergency Department today.

☐ Unable to work / attend school for \_\_\_\_\_ days. ☐ Restrictions: physical ed./sports/specific work: \_\_\_\_\_

☐ May resume work / school on \_\_\_\_\_ ☐ Should see own doctor before returning to work / school

DATE: \_\_\_\_\_

Eastern Idaho Regional Medical Center

Signature of Physician / Practitioner / Nurse

INTERMOUNTAIN EMERGENCY PHYSICIANS

DRUG NAME	Mg.	DISP.	Sig.
<u>Kelex</u>	<u>500</u>	<u>21</u>	<u>T.P.O. TID</u>
Narcotic Rx (reference only) _____			
<input type="checkbox"/> DO NOT DRIVE WHILE TAKING MEDICATION <input type="checkbox"/> BRAND ONLY*	Refill # _____ NR. _____	<u>[Signature]</u> M.D.	

\*Brand Medically Necessary\* must be handwritten by the prescriber for Medicaid patients or product selection will be allowed.

3100 CHANNING WAY • IDAHO FALLS ID 83404 • (208) 227-2000

## CONSENT AND CONDITIONS OF TREATMENT

I hereby agree and give my consent for the admission / treatment to EIRMC Hospital under the care of the attending physician, his associates, partners, assistants or designees. I consent to any and all hospital care, which encompasses x-ray examination, laboratory procedures, diagnostic procedures, anesthesia, and nursing or medical/surgical treatment which special instructions of the same, during my hospitalization.

In consideration of the hospital care and treatment to be rendered to me by the Hospital, I agree and consent to the following conditions:

(1) MEDICAL AND SURGICAL TREATMENT. I agree and understand that all physicians, dentists and oral surgeons treating me or the patient in any way are responsible and liable for their own acts or omissions and the Hospital is not responsible or liable for the acts and omissions of the aforementioned. I am aware that the practice of medicine is not an exact science and further state that no guarantee has been or can be made as to the results of the treatments or examinations in the Hospital.

(2) ASSIGNMENTS OF INSURANCE BENEFITS. I hereby assign and authorize payment directly to the Hospital, of any hospital benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third-party, payable by any party, organization, et cetera, to or for the patient unless the account for this hospital, outpatient treatment or series of outpatient treatments is paid in full upon discharge or completion of outpatient treatments. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until this account for this hospitalization is paid in full. I understand that I am responsible for any hospital charges not covered by my insurance company. The undersigned individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the Hospital.

(3) ASSIGNMENT OF PHYSICIAN BENEFITS. In the event that I, the patient, in addition to hospital benefits, am entitled to any physician(s) benefits of any type whatsoever arising out of a policy of insurance insuring me or any other party's liability to me, I hereby assign said benefits to any physician rendering care or treatment during this stay or outpatient visits, to be applied to my bill.

(4) RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and any physician rendering care or treatment to release medical and supporting documentation of same as compiled in the medical records during this admission or outpatient visit for purposes of benefit payment.

(5) MEDICARE PATIENT CERTIFICATION. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of authorized benefits be made on my behalf.

(6) PRIVATE ROOM DIFFERENCE. I agree and understand that if I request a private room for myself or the patient, I am responsible for the entire private room difference.

(7) PERSONAL VALUABLE AND BELONGINGS. It is understood and agreed that the hospital maintains a safe for the safekeeping of money, valuables and personal belongings and the Hospital shall not be liable for the loss or damage to any articles of personal property while I am hospitalized unless said articles are deposited with the hospital in the safe and receipts are issued describing said items. The undersigned certifies that he has read all of this document and is the patient, or is duly authorized by the patient or by the law to execute the above agreement and accepts and understands its terms.

## AGREEMENT FOR PAYMENT

The undersigned hereby expressly agrees to pay and guarantee payment in full of any and all charges for hospital services rendered and materials furnished to or for Patient by EIRMC Hospital pursuant to the admission of Patient, and the undersigned further acknowledges and agrees as follows:

(1) GENERAL BILLING INFORMATION. (In-Patient and Out-Patient). It is the Hospital's policy to require payment of all accounts at the time when services are rendered or upon Patient's discharge. As a courtesy to the Patient, the Hospital will bill predetermined insurance benefits and will allow a reasonable time for the insurance company to pay. Should payment not be received, the Patient will be billed for the total charges, and payment is expected from the Patient or responsible party upon receipt of the bill.

(2) BILLING PROCEDURES FOR PATIENTS WITHOUT INSURANCE OR WITH PARTIAL INSURANCE. (In-Patient and Out-Patient). Any portion of a bill which is not covered by insurance, is expected to be paid at the time when services are rendered or upon Patient's discharge. Because all billing information may not be complete at the time of Patient's discharge, a summary bill will be provided to Patient after discharge. Patient will receive a billing summary after discharge, and the undersigned hereby agrees to pay upon receipt of the bill all amounts set forth in the bill.

(3) RESPONSIBLE PARTIES. If more than one person signs the Agreement for payment, their liability shall be joint and several. If any undersigned fails to make payment due hereunder, said account shall become delinquent and will be turned over to a collection agency or an attorney for collection. The undersigned hereby acknowledges and agrees that they shall pay all collection agency fees, Court costs and all attorney's fees incurred by Hospital in collecting the delinquent account. The undersigned hereby waives all rights to notice, presentment or demand by Hospital.

(4) CONSENT TO JURISDICTION. The persons whose names appear below, either as patient or as guarantor, specifically agree that any and all disputes arising under the Consent and Conditions of Treatment Agreement between the parties hereto shall be determined by Courts of competent jurisdiction within the State of Idaho pursuant to the laws of the State of Idaho and consent is hereby given to personal and subject matter jurisdiction of the Courts of the State of Idaho over the parties hereto in reference to any matter arising out of the foregoing Consent and Conditions of Treatment, including, but not limited to, judgment and the enforcement thereof by any other legal remedy.

(5) AMOUNT OF CHARGES. It is understood and agreed by the undersigned that the total charges for services rendered and any insurance benefits which are calculated at the time of discharge, are estimates based upon the best information available to the Hospital at the time of discharge, and that the Hospital upon receipt of subsequent information may amend such charges for services rendered, or the insurance payments actually received, and will notify Patient of any such changes. The undersigned specifically agrees to pay such additional or amended charges upon receipt of the Hospital's bill or notice.

(6) PAYMENT AGREEMENT. The undersigned individually obligates himself to the payment of the Hospital account incurred by the patient in accordance with the regular rates and terms of the Hospital at the time of patient's discharge. If the patient fails to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, the undersigned shall pay all collection agency fees, court costs and attorney's fees. The undersigned agrees that any patient or guarantor overpayments collected on the above admission or outpatient treatments may be applied directly to any delinquent account for which the patient or guarantor is legally responsible at the time of collection of the overpayment.

The undersigned acknowledge that they have read and fully understand the terms and conditions of this Agreement for Payment, and that they have received a copy of this agreement.

Does your Insurance require precertification for this visit? ☐ Yes ☒ No A notice of Patient Rights was made available to you? ☒ Yes ☐ No

PATIENT NAME / SIGNATURE

GUARANTOR

DATE

WITNESS

90173 (8/99)

RELATIONSHIP

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 529-6360 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, TOM SEX: M  
UNIT NUMBER: 0000241615 AGE: 20  
ACCOUNT NUMBER: [REDACTED]  
ORDERING PHYSICIAN: CROSS, SCOTT G. M.D. ROOM: D.ED  
RADIOLOGIST: ALAN WRAY, M.D. STATUS: DEP ER  
DATE OF EXAM: 03/04/2002 RAD NUMBER: 188574

EXAMS:

000287163 XR HAND 3+V LT

LEFT HAND, MARCH 4, 2002.

FINDINGS: A three-view exam was done. There is soft tissue swelling. There are some metallic dust-like particles in the soft tissues between the 4th and 5th metacarpals. There is no large bullet fragment. There is no fracture. The bones are normal. The alignment is anatomic.

\*\* Electronically Signed by ALAN B WRAY on 03/05/2002 at 0855 \*\*  
Reported by: ALAN WRAY, M.D.  
Signed by: WRAY, ALAN B

CC:

Dictated: 03/04/2002 0829 Tech: JULIE M. HEIER  
Printed: 03/05/2002 0924 Trans: 03/04/2002 1022 by DHILLD

PAGE 1

Medical Records/Chart Copy

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<b>STRONG, THOMAS LEE</b>																													
Unit Number D000241615 Account Number [REDACTED]					Service					Status REG ER																			
<b>PATIENT</b> SEC NO [REDACTED] DOB [REDACTED] AGE 22 SEX M MS Religion VIP CONF RACE W FINANCIAL PPO Address: 1008 HILLVIEW AV IDAHO FALLS, ID 83402										<b>PATIENT EMPLOYER</b> PET STOP Work Phone: Occupation: CASHIER Home Phone: (208)524-0749 Patient Language: ENGLISH																			
<b>GUARANTOR</b> STRONG, THOMAS LEE [REDACTED]										<b>GUARANTOR EMPLOYER</b> PET STOP																			
Address: 1008 HILLVIEW AV IDAHO FALLS, ID 83402 Home Ph: (208)524-0749										Relation: PATIENT Work #:																			
<b>OTHER GUARANTOR</b> CHENOWETH, TERILYN [REDACTED] Address: Occupation: BOOKS										<b>OTHER GUARANTOR EMPLOYER</b> BECHTEL BW PO BOX 1625, IDAHO FALLS, ID. 83401																			
<b>PERSON TO NOTIFY</b>										<b>NEXT OF KIN</b> CHENOWETH, TERILYN																			
Mail To: Policy Number: Subscriber: Relation to Patient:					IPLAN#: Group: Coverage:					Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:					Pro Review:														
<b>INSURANCE #3</b> Mail To: Policy Number: Subscriber: Relation to Patient:					IPLAN#: Group: Coverage:					<b>AUTHORIZATION</b> Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:					Pro Review:														
<b>OCCURRENCES</b> TYPE DATE TIME 11 02/24/04										<b>CONDITIONS</b>																			
LAST HOSPITALIZATION:										Adm Cmt: N/C																			
ATTENDING PHY: PRIM CARE PHY:										ADMIT PHY: Golden, Tony B., M.D. FML PHY:										ER PHY: Intermountain Emergency OTH PHY: [Signature]									
Date: 02/24/04		Time: 2059		Source: ER		Room/Bed:		Arrival: WI		Admitting Diagnosis/Reason For Visit NECK PAIN/NO INJ										Admit Clerk: [Signature]		DOB/CD: [Signature]							
PATIENT PRIMARY OUTPATIENT LOCATION: D. ED										OTHER OUTPATIENT LOCATION:										NEWBORN ID:									

EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404



Time of Treatment		Room	
NAME		All elements not circled/struck/checked/annotated - were not pertinent	
Level 1, 2, 3 Documentation - 1 to 3 elements		Level 4 - 4+ elements or 3 chronic or inactive conditions	
Level 5 - 4+ elements or 3 chronic or inactive conditions			
Chief complaint:		Age _____ Sex _____	
		<i>Dr. McNeil Aug</i> <i>Pain Clinic</i> <i>@ PPH MRI</i>	
		<i>412243</i>	
<input type="checkbox"/> Quality	<input type="checkbox"/> Symptom/Location	<input type="checkbox"/> Timing	<input type="checkbox"/> Modifying Factors
<input type="checkbox"/> Duration	<input type="checkbox"/> Severity/Radiation	<input type="checkbox"/> Associated Signs & Sx	<input type="checkbox"/> Context/Mechanism of injury
Level 1, 2, 3 Documentation - 1 system, problem, pertinent		Level 4 Documentation - 2 to 9 systems	
Level 5 Documentation - 10+ systems			
All systems negative except as noted: Unable to fully assess due to: ( ) altered LOC ( ) patient condition ( ) other		E N T nasal drainage, congestion, s.t., nose bleed, hearing loss, ringing, diff. swallowing C V chest pain, palpitations, racing heart, orthopnea, prd H E S cough, trouble breathing, sputum, hoarseness G I abd pain, black/bloody stools, decreased appetite, NVD, constipation, cramps, poor appetite	
<input checked="" type="checkbox"/> All normal <del>strike negative</del> <u>circle positive</u> fever, chills, cough, weight loss/gain blurred vision, redness, itching, diplopia, burning, discharge		G U menstrual abn, pain on urination, urgency, bloody urine, dysuria, missed period M U S joint pain, unable to bear weight, back/leg pain, foot swelling D E M rash, lumps, jaundice N E U blackouts, headache, seizure, dilt, walking, speech prob., confusion, dizziness, weakness, fainting, CO exposure, numbness	
Level 1, 2, 3 Documentation - None		Level 4 Documentation - One area	
DM HTN CAD GI Bleed CVA CA Recent Surgery TETANUS LMP G P Contraception		DM HTN CAD CVA CA Tobacco Marital Status ETOH Sub Abuse Lives Alone	
MEDICATIONS		ALLERGIES	
<input type="checkbox"/> See Nurses Notes. <input type="checkbox"/> See Nurses Notes.		<input type="checkbox"/> See Nurses Notes. Tetanus UTD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Booster today	
ORDERS	TIME	ORDERS	TIME
CBC		CHEM 7/13	
CARD ENZ		AMY/LIPASE	
PT/PTT		ABG	
EKG		CARD PANEL	
OD PANEL		TRAUMA	
STAT #1		STAT #2	
UA		GI BLEED	
DIP		OD	
HC G		BHC	
DIG		IV	
SPUT. CULT		NG	
BCx2 2 SITES		FOLEY	
XRAYs		OLD RECORDS	
CXR		PORT	
CS	TS	LS	
ABD			
CT	<input type="checkbox"/> HEAD <input type="checkbox"/> KUB		
MRI	<input type="checkbox"/> HEAD <input type="checkbox"/> LS		
ED PHYS. <i>[Signature]</i>		ADM. PHYS. <i>[Signature]</i>	
IMP #1		IMP #1	
CONDITION AT DISCHARGE			
Unless marked below, patient stable at discharge			
<input type="checkbox"/> Unstable <input type="checkbox"/> Expired <input type="checkbox"/> Guarded			

STRONG, THOMAS LEE  
 D000241615 09/03/81 M/22  
 D00310269976 02/24/04 ER  
 Attending:  
 FR Doc: Intermountain Emergency P

21 Eastern Idaho Regional Medical Center  
**EMERGENCY NURSING RECORD**  
**Back Pain / Injury**

**NEURO / PSYCH**

☒ oriented x 3 ☐ disoriented to person / place / time  
☒ moves all extremities ☐ weakness / sensory loss  
☒ nmt gait ☐ gait unsteady / shuffling

**SKIN**

☒ warm, dry ☐ cyanosis / pallor  
☒ intact ☐ cool / diaphoresis  
☐ open wound / lesion(s)  
☐ skin rash

**Readiness to Learn / Motivation**

☒ Asks Questions ☐ Anxious  
☒ Eager to Learn ☐ Denies need for Education  
☐ Uninterested  
☐ Uncooperative  
☐ Unable to Assess

**Factors that Affect Learning**

Cultural: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Language: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Emotional: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Financial: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Sensory: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Health Beliefs: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Reading Ability: ☐ Yes ☐ No Explain: \_\_\_\_\_  
 Support System: Name of person(s) to be included in education: \_\_\_\_\_

Since abuse has become so common, we are now asking all of our patients, are you in a living situation where you are being threatened or hurt? ☐ Yes ☒ No (Document any stated or visualized observations below)

**ADDITIONAL FINDINGS**


*It do neck pain - states  
 neck popped since then  
 Lt side of face numb tingling*

NAME: \_\_\_\_\_

**CHIEF COMPLAINT** *Neck pain*  
 occurred ☐ just PTA ☐ acute ☒ chronic ☐ recent injury

**location & radiation of pain**

stiffness  
 spasm  
 stabbing  
 sharp  
 dull  
☒ burning *Aching*  
 tightness  
 numbness

radiation ( show radiation:  )

**MECHANISM** *neck popped*  
☐ no known recent injury ☐ fall  
☐ lifting / twisting ☐ pulling / pushing  
☐ occupational / industrial ☐ chemical exposure

**SAFETY**  
☐ none ☐ helmet ☐ safety glasses ☐ walking at scene  
☐ wearing back brace

**PAST HX**

☐ TB exposure / symptoms

RN Signature *[Signature]*

TIME TO ROOM: *2105*

INITIAL ASSESSMENT TIME: \_\_\_\_\_ ROOM: *24*

**GENERAL APPEARANCE**

☒ no acute distress ☐ mild / moderate / severe distress  
☒ alert ☐ anxious / decreased LOC  
☐ neat, clean ☐ unkempt  
☐ tearful / crying

**FUNCTIONAL / NUTRITIONAL ASSESSMENT**

☒ appears well nourished ☐ obese / malnourished  
☒ independent ADL ☐ assisted / total care

**RESPIRATORY**

☒ no resp distress ☐ mild / moderate / severe distress  
☐ wheezing / crackles / stridor  
☐ tachypnea

**CVS**

☒ regular rate ☐ tachycardia / bradycardia / irr g rhythm  
☒ pulses strong ☐ pulse deficit ☐ pedal

**BACK** *neck*

☐ non-tender ☐ see diagram  
☐ painless ROM ☒ pain with ROM

Nurse Signature *[Signature]*

A protocol available *After assessment*

STRONG, THOMAS LEE  
 D000241615 09/03/81 M/22  
 D00310269976 02/24/04 ER  
 Attending:  
 ER Doc: Intermountain Emergency P

# STRONG, THOMAS LEE

Type	Allergy - Severity/Comments	Updated Dt/Tm	Verified Dt/Tm
MEDICATION	<del>MAXALT</del> - <i>irritable</i> <del>PENICILLIN</del>	03/04/02 0439	02/24/04 2102
FOOD	No Known Food Allergies	03/04/02 0431	02/24/04 2102
CONTRAST MEDIA	No Known Contrast Allergies	03/04/02 0431	02/24/04 2102
OTHER	NO KNOWN ALLERGIES (OTHER)	03/04/02 0431	02/24/04 2102

Emergency Department Triage

---EMERGENCY DEPARTMENT TRIAGE---

Chief Complaint: NECK PAIN/NO INJ  
 Return within 72 hrs? N Smoker? N Packs per day: Given history sheet:  
 Family Phys: MCCPH McCowin, Philip R., M.D. Mode of Arrival: AMBULATORY

PmHX: Y  
 History/Surgeries: BROKEN JAW  
 History/Surgeries: HYPOGLYCEMIA  
 History/Surgeries: MIGRAINE  
 History/Surgeries: 3 BAD DISCS IN NECK

---STATED---

Medications: Y Height - Feet: 6 Inches: 0.0 Cm: 182.88 Weight - Lb: 146 Oz: 66.22  
 Kg: 66.22

Blood Pressure: 140/81 Pulse: 114 Respirations: 18 SpO2%: 98 RA or O2: RA  
 Temperature: 97.8 Temp Source: ORL LMP:

IMM/TET: UNKNOWN A/O: Y GCS: 15 Pain Scale (0-10): 6  
 Triage Category: 3 Room Number: 24 RN: ER Doc: NEW

ED Triage Medications

:  
 :  
 : SKELAXIN  
 :  
 :  
 :  
 :  
 :  
 :

ED Triage - Functional Screens

=== NUTRITIONAL SCREENING ===  
 Unintentional weight loss > 10# in 1 month (adult, geriatric): N

STRONG, THOMAS LEE

Age/Sex: 22 M Physician: Acct #: D00310269976  
 Unit #: D000241615 Admitted: Status: PRE ER Location: D.ED  
 Emergency Department Triage

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STRONG, THOMAS LEE

ED Triage - Functional Screens

Weight loss > 5% in 1 month (pediatric/adolescent):  
Weight loss > 10# and currently within 1st trimester (obstetric):  
Eating 25% or less of normal diet > 3 days PTA (all): N  
Pregnant < 18 years (obstetric):  
No-healing wound or longer than usual wound healing time (all): N  
Does the patient meet any of the above criteria? N

=== FUNCTIONAL SCREENING ===

Does the patient have difficulty speaking, listening & understanding; completing dressing, grooming or bathroom activities; getting in/out of bed, or walking/using a wheelchair? N

=== INFECTION SCREENING ===

Has the patient ever had a positive chest X-ray or skin test for TB, cough up blood or ever diagnosed with TB? N

=== SPEECH PATHOLOGY ===

Is patient's speech impaired?  
Does patient have difficulty following directions?  
Are there symptoms of swallowing problems?

=== OCCUPATIONAL THERAPY ===

Is patient unable to complete personal hygiene/grooming activities?  
Is patient unable to complete bathroom activities?

=== PHYSICAL THERAPY ===

Is patient unable to get in/out of bed?  
Is patient's mobility non-functional?  
Is patient's daily function limited by pain?

STRONG, THOMAS LEE

Age/Sex: 22 M  
Unit #: D000241615

Physician:  
Admitted:

Status: PRE ER  
Emergency Department Triage

Acct #: D00310269976  
Location: D.ED

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EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY - IDAHO FALLS ID 83404 - (208) 227-2000

EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department has been on an emergency basis only, and is not intended as a substitute for complete medical services. It is important that you be checked again as instructed. If you notice any worsening of your symptoms, promptly call your referral doctor or return to the hospital. If an X-ray has been performed it has been read on a preliminary basis only, and will be reviewed by a radiologist within twenty four hours. The results of any lab test that require additional time to study, such as cultures, may be obtained later from your personal physician. A copy of your Emergency Department record is available to your private physician.

YOUR DIAGNOSIS IS: \_\_\_\_\_

PRINTED INSTRUCTIONS PROVIDED: CORVEX DISC HERNIATION

ADDITIONAL INSTRUCTIONS: (if required) MEDICAL NECESSITY: \_\_\_\_\_

1. FOLLOW UP WITH DR. MCCANN
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Referrals Given: ☐ Nutritional 529-6127 ☐ Functional 529-7999 ☐ Social 529-7380 ☐ TB 529-7392

☐ Follow up care with your personal physician should be obtained in \_\_\_\_\_ days, Dr. \_\_\_\_\_

RETURN IF CONDITION WORSENS OR CALL 227-2000

YOU HAVE BEEN TREATED BY: \_\_\_\_\_

I have received and understand the instructions outlined above. X Tan L. Strong

Patient or Representative

EXPLAINED TO AND UNDERSTANDING VERBALIZED BY: ☒ PT ☐ OTHER \_\_\_\_\_ NEURO: ☒ A&O/Other \_\_\_\_\_

☒ HOME ☐ WORK ☐ ALONE ☐ FRIEND ☐ FAMILY ☐ CUSTODY MODE: ☒ WALK ☐ W/C ☐ CRUTCHES ☐ CARRIED

☐ VALUABLES WITH PATIENT/SO

PAIN RATING ON DISCHARGE:

5 / 10

11/14/81 Staff 12:47  
Date DC Time

WORK/ SCHOOL NOTIFICATION FORM

\_\_\_\_\_ was seen in the Emergency Department today.

☐ Unable to work / attend school for \_\_\_\_\_ days. ☐ Restrictions: physical ed./sports/specific work: \_\_\_\_\_

☐ May resume work / school on \_\_\_\_\_ ☐ Should see own doctor before returning to work / school

DATE: \_\_\_\_\_

Eastern Idaho Regional Medical Center

Signature of Physician / Practitioner / Nurse

INTERMOUNTAIN EMERGENCY PHYSICIANS

3100 CHANNING WAY - IDAHO FALLS ID 83404 - (208) 227-2000

DRUG NAME	Mg.	DISP	Sig.
<u>NORCO PAIN PILL</u>	<u>7</u>	<u>AS DIRECTED</u>	
Narcotic Rx (reference only)			
<input type="checkbox"/> DO NOT DRIVE WHILE TAKING MEDICATION	Refill # <u>2</u>	<u>Scott Cross</u> M.D.	
<input type="checkbox"/> BRAND ONLY*	NR. _____		

\*Brand Medically Necessary\* must be handwritten by the prescriber for Medicaid patients or product selection will be allowed.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Paul Allen, MD             | <input type="checkbox"/> Jeffrey Keller, MD    | <input type="checkbox"/> Robert Wagner, MD       |
| <input type="checkbox"/> Joseph Anderson, DO        | <input type="checkbox"/> Eric Maughan, MD      | <input type="checkbox"/> Tyler Christensen, PA-C |
| <input checked="" type="checkbox"/> Scott Cross, MD | <input type="checkbox"/> Scott Packer, MD      | <input type="checkbox"/> Phil Hesse, PA-C        |
| <input type="checkbox"/> Luanne Freer, MD           | <input type="checkbox"/> Jeffrey Stieglitz, MD | <input type="checkbox"/> Deron Ricks, PA-C       |
| <input type="checkbox"/> Andrew Garrity, MD         | <input type="checkbox"/> Stephen Wallace, MD   | <input type="checkbox"/> Troy Weston, PA-C       |

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310269976 02/24/04 ER  
Attending:  
ER Doc: Intermountain Emergency P

407

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 Channing Way--Idaho Falls, ID 83404--(208)529-6111

INSTRUCTIONS FOR << THOMAS LEE STRONG >>

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

---

HERNIATED DISK:

Your exam shows you have signs of a ruptured or herniated disk in your neck or back. Disks are the soft tissue cushions that are found between the bones of the spine. When a disk herniates, a part of the material inside the disk pushes out and may cause pressure against the nerves near the spine. In the neck this results in pain in the neck, shoulder, and down the arm; in the lower back a ruptured disk causes pain in the back, buttock, and down the back of leg, or sciatica. Numbness and weakness may also be signs of a ruptured disk.

Disk herniation is very common and affects 20-30% of otherwise healthy people; however only a small number of patients with disk problems need more treatment than bed rest and mild pain medicine to relieve symptoms. Pressures on the disks of the lower back are much higher in the sitting and a little higher in the standing position, so it is very important that you remain in bed most of the time until the pain and back spasms improve. Lying on your side is the preferred position.

You should rest or sleep on a firm mattress (use a sheet of plywood under the mattress if necessary); water beds do not provide enough support to be used. You should avoid bending, lifting, or any other activity that increases your pain. Traction applied to the neck or back may help reduce symptoms. Special braces may also be beneficial in some patients. When your pain improves, you should resume normal activity gradually, taking periods of rest throughout the day.

Aspirin, ibuprofen, anti-inflammatory medicines, narcotics, and muscle relaxants may be used to reduce symptoms. Cold or hot packs applied for 30 minutes every 2-3 hours may also help relieve pain or spasms. Spinal manipulation or adjustment is usually not recommended for disk herniation. Exercises to strengthen your back and abdominal muscles and to improve your overall fitness may be prescribed as your symptoms improve. Call your doctor for a follow-up appointment as recommended. Call right away if you have very severe pain, or increased weakness or numbness.

---

PRESCRIPTIONS:

Fill all the prescriptions ordered by your doctor and take them as directed. Generic medicines are as good as brand names, and often less expensive.

- \* If you have been given an antibiotic, be sure to take all of it.
- \* Keep your drugs out of the reach of children, in a cool, dry, dark place.
- \* Don't give your medicine to other people or use it for other illnesses.
- \* Stop your medicine and call us right away if you have drug allergy symptom or bad side-effects. Call also if you vomit or cannot swallow the medicine.
- \* Bring your medicines with you any time you go to emergency for treatment.

Ask your doctor or pharmacist about drug or food interactions that may be important to know about when taking your prescription or herbal medicines.

---

CORTISONE-LIKE DRUGS:

Your doctor has prescribed a cortisone-like drug for you. These medicines are used to treat many conditions including: asthma, chronic lung disease, allergies, skin problems (poison oak, hives), arthritis, and swelling due to certain infections of the ear and throat. Cortisone and related drugs work by reducing swelling and inflammation. They may be given by injection, pills, liquids, creams or ointments. Always take the prescribed amount of medicine for the full period of treatment to gain the full benefit.

Most of the time short-term treatment with these medicines causes very few side effects. Take your medicine with food to prevent stomach upset. Common side effects include: mood changes, restlessness, insomnia, headache, increase in appetite, and fluid retention. Long-term treatment with cortisone-like drugs can lead to more serious side effects including ulcers, osteoporosis, and unusual weight gain; check with your doctor for further information. If you have been taking a cortisone medicine for 3 weeks or longer, it is important that you gradually reduce your dose instead of suddenly stopping the medicine. Please contact your doctor if you have any of these symptoms: blurred vision, stomach pain, vomiting, stools that are bloody or black or signs of infection such as fever, cough, or red painful swelling of the skin.

-----  
ADDITIONAL INSTRUCTIONS:

TAKE MEDICATIONS AS DIRECTED  
FOLLOW UP WITH DR. MCCOWIN/RETURN IF WORSE  
-----

FOLLOW-UP CARE:

Your physician today has been DR. SCOTT CROSS

For follow-up care you should see your doctor or return here as needed or in \_\_\_\_\_ days.

When you see your doctor, bring your medicines and instructions to the office. If you had x-rays, an EKG, or lab tests today, they have been reviewed by your doctor. We will contact you at once if other important findings are noted after further review by our staff. If you do not continue to improve or if your condition worsens, please call your doctor or the emergency room right away.

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.

\_\_\_\_\_  
Staff Signature

Wednesday, February 25, 2004 - 12:01 AM

\_\_\_\_\_  
Patient or Representative Signature



Please read both sides before signing.

**1. Consent to Medical and Surgical Procedures**

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree T.L.S. Disagree \_\_\_\_\_

**2. Organ Donation**

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

**3. Patient Self-Determination Act**

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. \_\_\_\_\_
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. \_\_\_\_\_
- I have not executed an Advance Directive. T.L.S.
- I have received information about Advance Directives as required by federal law. \_\_\_\_\_
- Do you wish to execute an Advance Directive at this time?   
☐ Yes ☒ No T.L.S.

**4. Personal Valuables**

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

**5. Weapons/Explosives/Drugs**

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

**6. Private Room**

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

**7. Financial Agreement**

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

**8. Notice of Privacy Practices**

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: T.L.S.

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Date

12-24-04

Time

18:00

☐ a.m. ☒ p.m.

Patient/Parent/Guardian/Conservator/Domestic Partner

X Tom L. Strong

Spouse (if married/available)

X

If other than patient, indicate relationship

Self

Witness (to signature only)

XBR

PATIENT IDENTIFICATION

pt. 1. STRONG, THOMAS LEE

D000241615 09/03/81 M/22  
 000310269976 02/24/04 ER  
 Attending:  
 ER Doc: Intermountain Emergency P

Conditions of Admission  
 and Authorization for Medical Treatment

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Magnetic Resonance Imaging Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
ACCOUNT NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Cross, Scott G., M.D. ROOM: D. ED  
RADIOLOGIST: FRITZ SCHMUTZ, M.D. STATUS: DEP ER  
DATE OF EXAM: 02/24/2004 RAD NUMBER: 188574

EXAMS:

000450572 MRI C-SPINE W/O CONT

MRI OF THE CERVICAL SPINE, FEBRUARY 24, 2004.

CLINICAL HISTORY: NECK PAIN.

TECHNIQUE: Sagittal T1-weighted, T2-weighted, and inversion recovery imaging was completed, along with axial T2-weighted and gradient echo imaging. Imaging quality is compromised by patient motion.

FINDINGS: There is straightening of cervical spine curvature seen in combination with degenerative disc changes of the lower cervical spine.

Structures of the craniocervical junction are unremarkable. Contents of the intracranial posterior fossa are normal insofar as they are imaged.

C2-3: Bilateral facet degenerative arthritic changes are noted along with arthritic changes of the left uncovertebral joints. Arthritic changes are mild. Mild bilateral neural foraminal stenoses are present at this level. The central canal is widely patent.

C3-4: Bilateral facet joint and uncovertebral joint degenerative arthritic changes are noted, producing mild, bilateral neural foramen stenoses. The central canal is widely patent.

C4-5: Bilateral facet and uncovertebral joints degenerative arthritic changes produce mild bilateral neural foraminal stenoses. A very shallow posterior disc bulge at this level slightly flattens the anterior wall of the thecal sac. There is no significant impact on the spinal cord.

C5-6: Mild bilateral facet/uncovertebral joint degenerative arthritic changes are noted producing mild, bilateral neural foraminal stenoses. A posterior disc bulge at this level slightly flattens the anterior wall of the thecal sac.

C6-7: Bilateral facet/ligamentum flavum degenerative arthritic changes are noted at this level, producing mild, bilateral neural foraminal stenoses. A posterior disc bulge at this level indents the

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Magnetic Resonance Imaging Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Cross, Scott G., M.D. ROOM: D.ED  
RADIOLOGIST: FRITZ SCHMUTZ, M.D. STATUS: DEP ER  
DATE OF EXAM: 02/24/2004 RAD NUMBER: 188574

EXAMS:

000450572 MRI C-SPINE W/O CONT  
<Continued>

anterior wall of the thecal sac and partially effaces subarachnoid fluid anterior to the spinal cord. No flattening or deformity of the spinal cord is definitely identified.

C7-T1: Normal.

IMPRESSION: DEGENERATIVE FACET AND UNCOVERTEBRAL JOINT CHANGES THROUGHOUT THE CERVICAL SPINE PRODUCING MILD, BILATERAL NEURAL FORAMINAL STENOSES. POSTERIOR DISC BULGES AT C4-5, C5-6, AND C6-7, PARTIALLY EFFACING SUBARACHNOID FLUID ANTERIOR TO THE SPINAL CORD AT C6-7. NO SIGNIFICANT COMPROMISE OF THE SPINAL CORD SEEN AT ANY LEVEL.

IMAGING QUALITY IS VERY MUCH COMPROMISED BY PATIENT MOTION. IF THE PATIENT IS UNABLE TO TOLERATE FURTHER MRI IMAGING, A CERVICAL MYELOGRAM MIGHT BE CONSIDERED FOR ADDITIONAL DETAIL CONCERNING THE CONDITION OF THE SPINAL CORD AND NERVE ROOTS IN THE SEARCH FOR AN EXPLANATION OF THE PATIENT'S PAIN.

\*\* Electronically Signed by JAMES F SCHMUTZ on 02/26/2004 at 0759 \*\*  
Reported by: FRITZ SCHMUTZ, M.D.  
Signed by: SCHMUTZ, JAMES F

CC: Intermountain Emergency Phys

Dictated: 02/25/2004 2254 Tech: WETZEL, DAVID J RT(R)  
Printed: 02/26/2004 0809 Trans: 02/26/2004 0735 by DHICDS

E. JRN IDAHO REGIONAL MEDICAL CEN.  
3100 CHANNING WAY  
IDAHO FALLS, ID 83403  
208-227-2800

EMERGENCY ROOM REPORT

PATIENT NAME: STRONG, THOMAS LEE      SEX: Male  
UNIT NUMBER: [REDACTED]      AGE: 22  
[REDACTED] NUMBER: [REDACTED]      DOB: [REDACTED]  
VISIT DATE: [REDACTED]      PT LOCATION: D.ED  
DICTATING PHYSICIAN: Cross, Scott G., M.D.      STATUS: DEP ER

CHIEF COMPLAINT: NECK PAIN.

**HISTORY OF PRESENT ILLNESS:** This 22-year-old male comes to the Emergency Department with the above complaint. He has a long-standing history of neck problems. He says he has "three bad discs in his neck." He has been followed by Dr. McCowin in the past, as recently as August of this past year. He has had a previous MRI at that particular time as well. He states that he has been instructed that he may benefit from a cervical fusion. He has also been followed by Dr. Linderman for pain control. Earlier today, however, the patient was moving and felt a pop in his neck. Apparently he occasionally gets these, but this sounded very loud and could be heard across the room. Since that time, he has had increasing pain and discomfort. He actually went over to the Family Emergency Center today and they referred him over here to have a STAT MRI. The patient, however, is without neurological complaints as far as weakness, numbness or tingling sensations.

**PAST MEDICAL HISTORY:** His past medical history is as mentioned above, as well as a history of "hypoglycemia" and migraines. **ALLERGIES:** MAXALT AND PENICILLIN. **CURRENT MEDICATIONS:** Skelaxin and ibuprofen p.r.n.

**SOCIAL HISTORY:** He is a nonsmoker.

**REVIEW OF SYSTEMS:** He has no other concerns.

**PHYSICAL EXAMINATION:** Physical examination of the patient reveals him to be an alert and well developed male. Vital signs on the chart are within normal limits. HEENT shows no signs of acute traumatic injury. He is moving his neck very slowly and does appear to be in a moderate amount of discomfort. Palpation along the cervical spine does reveal some mild tenderness in the midline down the lower aspect maybe around the C4-5 region. He also has some mild paraspinal tenderness and a mild spasm of the musculature bilaterally. Lungs are clear to auscultation bilaterally. Heart has a regular rate and rhythm. Neurologically, the patient has normal upper extremity strength and sensation as well as distal vascular pulses.

**EMERGENCY DEPARTMENT COURSE:** The patient presents with the above history. Because of the earliness of the evening and the patient's symptoms, we did do an MRI of the cervical spine tonight. It does appear that his findings are stable, compared to what he told me. The patient does have three cervical disc protrusions noted at C4-5, C5-6 and C6-7. The lower two are protruding further, but do not impinge upon the spinal cord itself or cause any significant impingement on the exiting nerves. The patient also has some mild foraminal stenosis noted by radiology report. At this particular time, I do not see any acute findings. I think the patient can continue to be managed on an outpatient basis. I did order to have him get some morphine and Phenergan for pain control tonight, but the patient

## EMERGENCY ROOM REPORT

PATIENT NAME: STRONG, THOMAS LEE                      SEX: Male  
UNIT NUMBER: 0000241615                      AGE: 22  
NUMBER: [REDACTED]                      DOB: [REDACTED]  
VISIT DATE: 02/24/04                      PT LOCATION: D.ED  
DICTATING PHYSICIAN: Cross, Scott G., M.D.                      STATUS: DEP ER

refused. He states "The pain is not that bad.". He has also refused any outpatient pain control medications. We will place him on a short burst of some steroids and see if we can decrease some of the inflammatory response. He was also encouraged to continue with the anti-inflammatories. He does have a follow-up appointment with Dr. McCowin.

DISCHARGE DIAGNOSIS: CERVICAL DISC HERNIATION.

cc: Dr. McCowin

Dictated date/time: 02/24/04 2317                      Pt status TOS: DEP ER  
Transcribed date/time: 02/25/04 1336                      Pt location TOS: D.ED  
Transcribed by: KXA                      Pt bed TOS:

Electronically Signed by Scott G. Cross, M.D. on 03/03/04 at 1634

<b>STRONG, THOMAS LEE</b>		<b>AJ000096812718</b>		<b>REG CLI</b>		<b>U/0000241615</b>	
<b>PATIENT</b> SOC SEC NO DOB AGE SEX HS Religion VIP CONF RACE FINANCIAL W PPO Address: 1008 HILLVIEW AV IDAHO FALLS, ID 83402 Home Ph: (208)524-0749				<b>PATIENT EMPLOYER</b> PET STOP Work Phone: Occupation: CASHIER Patient Language: ENGLISH			
<b>GUARANTOR</b> STRONG, THOMAS LEE SS#:				<b>GUARANTOR EMPLOYER</b> PET STOP			
Address: 1008 HILLVIEW AV IDAHO FALLS, ID 83402 Home Ph: (208)524-0749				Relation: PATIENT		Work #:	
<b>OTHER GUARANTOR</b> Address: Occupation:				SS#:		<b>OTHER GUARANTOR EMPLOYER</b>	
<b>PERSON TO NOTIFY</b>				<b>NEXT OF KIN</b>			

Mail To: Policy Number: Subscriber: Relation to Patient:		Group: Coverage:		Ins Verify: Rel Assign Contact: Group Name:		Pro Review:	
<b>INSURANCE #3</b> Mail To: Policy Number: Subscriber: Relation to Patient:		IPLAN#: Group: Coverage:		<b>AUTHORIZATION</b> Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:		Pro Review:	
<b>OCCURRENCES</b> TYPE DATE TIME 11 09/24/03 1501		<b>CONDITIONS</b>					
LAST HOSPITALIZATION:		Adm Cmt: SS <b>ADMISSION / REGISTRATION</b>					
ATTENDING PHY: Golden, Tony B., M.D. PRIM CARE PHY:		ADMIT PHY: FML PHY:		ER PHY: OTH PHY:		Admit: Clerk DRDKLR	
Date Time Source Room/Bed Arrival Admitting Diagnosis/Reason For Visit 09/24/03 1501 CR 706.50		PATIENT PRIMARY OUTPATIENT LOCATION: D. IH. OTHER OUTPATIENT LOCATION: NEWBORN ID:					
<b>EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404</b>							

# ▼ PHYSICIAN INFORMATION ▼

T. Golden, MD  
1995 E. 17<sup>th</sup> Street, Ste 1A  
Idaho Falls, Id 83404-6498  
PH: 529-8866 FX: 552-9532

MC LABORATORY  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
PHONE (208) 529-6040  
FAX (208) 529-7087

## Patient Information

First Name Sfrong Last Name Tom MI   
Social Security No. [REDACTED] Birth Date [REDACTED] Sex M ☐ F  
Phone No.  Churn No.  Room No.  Marital Status M ☐ S ☐ D ☐ X

## Responsible Party Information

First Name (if not the patient)  Last Name (if not the patient)  MI   
Social Security No. (if not the patient)  Patient's Relationship to Responsible Party  
☐ Self ☐ Child ☐ Spouse ☐ Other  
Street Address  Phone No. (if not the patient)   
City  State  Zip   
Employer Name  Employer Phone No.   
Employer Address  Date Retired

## Medical Necessity Information

Sign, symptom, diagnosis or ICD9-CM info. is required on all tests ordered.

Narrative Diagnosis

ICD9-CM Codes

786.50

## Billing Information

Please attach a copy of all Insurance I.D. Cards - Front and Back

Bill to: ☐ Physician/Client ☐ Insurance ☐ Medicare ☒ Patient ☐ Medicaid  
Medicare Number  Medicaid Number   
Medicare Secondary Questionnaire Completed? ☐ Yes ☐ No Insurance Authorization Number   
Primary Insurance Company Name  Phone No.   
Company Address   
City  State  Zip   
Policy Number  Group Number   
Group Name  Benefit Code   
Insured Name  Relationship   
Secondary Insurance Company Name  Phone No.   
Company Address   
City  State  Zip   
Policy Number  Group Number   
Group Name  Benefit Code   
Insured Name  Relationship

## Specimen Information

☒ STAT ☐ Phone ( ) ☐ Do not call after hours  
☐ Fax ( ) Collected by   
Date Drawn  Time Drawn  ☐ Fasting ☐ 24 Hour Urine Volume   
☐ Random

Panel or Single Tests may be selected	Panel or Single Tests may be selected	Panel or Single Tests may be selected	Panel or Single Tests may be selected
51 <input checked="" type="checkbox"/> Electrolytes Panel	80069 <input checked="" type="checkbox"/> Renal Function Panel	82150 <input checked="" type="checkbox"/> Amylase	86703 <input checked="" type="checkbox"/> HIV 1 & 2 Single Assay
95 <input checked="" type="checkbox"/> Sodium	80048 <input checked="" type="checkbox"/> Basic Metabolic Panel	86038 <input checked="" type="checkbox"/> Antinuclear Antibody	83540 <input checked="" type="checkbox"/> Iron
32 <input checked="" type="checkbox"/> Potassium	82040 <input checked="" type="checkbox"/> Albumin	86850 <input checked="" type="checkbox"/> Antibody Screen	83550 <input checked="" type="checkbox"/> Iron Binding (TIBC)
35 <input checked="" type="checkbox"/> Chloride	84100 <input checked="" type="checkbox"/> Phosphorus	82607 <input checked="" type="checkbox"/> B-12 Vitamin	83615 <input checked="" type="checkbox"/> LD (LDH)
74 <input checked="" type="checkbox"/> Carbon Dioxide	80061 <input checked="" type="checkbox"/> Lipid Profile	86141 <input checked="" type="checkbox"/> Ins-CRP	83855 <input checked="" type="checkbox"/> Lead
48 <input checked="" type="checkbox"/> Basic Metabolic Panel	82465 <input checked="" type="checkbox"/> Cholesterol	80156 <input checked="" type="checkbox"/> Carbamazepine/Tegretol	83002 <input checked="" type="checkbox"/> LH Luteinizing Hormone
51 <input checked="" type="checkbox"/> Na, K, CL, CO2	84478 <input checked="" type="checkbox"/> Triglycerides	85027 <input checked="" type="checkbox"/> Hemogram/plt	80178 <input checked="" type="checkbox"/> Lithium
20 <input checked="" type="checkbox"/> BUN	83718 <input checked="" type="checkbox"/> HDL Cholesterol	85007 <input checked="" type="checkbox"/> Manual Diff	83735 <input checked="" type="checkbox"/> Magnesium
10 <input checked="" type="checkbox"/> Calcium	89074 <input checked="" type="checkbox"/> Acute Hepatitis Panel	85008 <input checked="" type="checkbox"/> Blood Morph Smear	86308 <input checked="" type="checkbox"/> Mono
35 <input checked="" type="checkbox"/> Creatinine	86709 <input checked="" type="checkbox"/> Hepatitis A Antibody IGM	85009 <input checked="" type="checkbox"/> Buffy Coat Diff	80184 <input checked="" type="checkbox"/> Phenobarbital
47 <input checked="" type="checkbox"/> Glucose	86705 <input checked="" type="checkbox"/> Hepatitis B Core Antibody IGM	85025 <input checked="" type="checkbox"/> Hemogram/plt/auto diff	80185 <input checked="" type="checkbox"/> Phenytoin/Dilantin
53 <input checked="" type="checkbox"/> Comprehensive Metabolic Panel	87340 <input checked="" type="checkbox"/> Hepatitis B Surface Antigen	82378 <input checked="" type="checkbox"/> CEA	84703 <input checked="" type="checkbox"/> Pregnancy, Qual, <input type="checkbox"/> Urine, <input type="checkbox"/> Serum
48 <input checked="" type="checkbox"/> Basic Metabolic Panel	86803 <input checked="" type="checkbox"/> Hepatitis C Antibody	82550 <input checked="" type="checkbox"/> CK (CPK)	84702 <input checked="" type="checkbox"/> Beta HCG Quant
40 <input checked="" type="checkbox"/> Albumin		82575 <input checked="" type="checkbox"/> Creatinine Clearance	84146 <input checked="" type="checkbox"/> Prolactin
75 <input checked="" type="checkbox"/> Alkaline Phos.		80162 <input checked="" type="checkbox"/> Digoxin	84153 <input checked="" type="checkbox"/> PSA
47 <input checked="" type="checkbox"/> Bilirubin, Total		82670 <input checked="" type="checkbox"/> Estradiol	84152 <input checked="" type="checkbox"/> PSA Complexed
50 <input checked="" type="checkbox"/> SGOT/AST		82728 <input checked="" type="checkbox"/> Ferritin	60103 <input checked="" type="checkbox"/> PSA Screen
50 <input checked="" type="checkbox"/> SGPT/ALT		82746 <input checked="" type="checkbox"/> Folate *	85610 <input checked="" type="checkbox"/> PT with INR
55 <input checked="" type="checkbox"/> Total Protein	86644 <input checked="" type="checkbox"/> CMV Ab	83001 <input checked="" type="checkbox"/> FSH	85730 <input checked="" type="checkbox"/> PTT
76 <input checked="" type="checkbox"/> Hepatic Function (Liver) Panel	86694 <input checked="" type="checkbox"/> Herpes Simplex Ab	82977 <input checked="" type="checkbox"/> Gamma GT	84436 <input checked="" type="checkbox"/> T4 Free
40 <input checked="" type="checkbox"/> Albumin	86762 <input checked="" type="checkbox"/> Rubella Ab	83036 <input checked="" type="checkbox"/> Hgb A1C (Glycohemog)	84403 <input checked="" type="checkbox"/> T4 Total
17 <input checked="" type="checkbox"/> Bilirubin, Total	86777 <input checked="" type="checkbox"/> Toxoplasma Ab	85014 <input checked="" type="checkbox"/> Hematocrit	84038 <input checked="" type="checkbox"/> Testosterone Total
18 <input checked="" type="checkbox"/> Bilirubin, Direct	86900 <input checked="" type="checkbox"/> ABO Blood Group	85018 <input checked="" type="checkbox"/> Hemoglobin	80198 <input checked="" type="checkbox"/> Theophylline *
50 <input checked="" type="checkbox"/> AST/SGOT	86901 <input checked="" type="checkbox"/> RH (D) Type	86701 <input checked="" type="checkbox"/> HIV 1 Ab	84439 <input checked="" type="checkbox"/> T4 Uptake
50 <input checked="" type="checkbox"/> ALT/SGPT	82105 <input checked="" type="checkbox"/> AFP-Maternal	86702 <input checked="" type="checkbox"/> HIV 2 Ab	84436 <input checked="" type="checkbox"/> T4 Total
75 <input checked="" type="checkbox"/> Alkaline Phos.	Gest. age (wks) <u></u>		84403 <input checked="" type="checkbox"/> Testosterone Total
55 <input checked="" type="checkbox"/> Total Protein	Twins? <u></u> Race: <u></u>		80198 <input checked="" type="checkbox"/> Theophylline *
	Insulin Dep. Diabetic? <u></u>		84443 <input checked="" type="checkbox"/> TSH

er Tests BC CR Reactive Protein  
ly tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. I OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.  
Date/Time 9-24-03 Physician Authorization [Signature]

RUN DATE: 09/25/03  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 1

LABORATORY RESULTS

PATIENT: **STRONG, THOMAS LEE** ACCT #: D00096812718 LOC: D.IM U #: D000241615  
AGE/SX: 22/M DOB: [REDACTED] REG: 09/24/03  
REG DR: Golden, Tony B., M.D. STATUS: REG CLI DIS:

SPEC #: 0924:ID:C00226R COLL: 09/24/03-1508 STATUS: COMP REQ #: 01145077  
RECD: 09/24/03-1509 SUBM DR: Golden, Tony B., M.D.  
ENTERED: 09/24/03-1509 OTHR DR:  
ORDERED: CRP

Test	Result	Flag	Reference	Site
C REACT PROTEIN	< 1.0		0.0-1.0 MG/DL	

SPEC #: 0924:ID:H00157R COLL: 09/24/03-1508 STATUS: COMP REQ #: 01145077  
RECD: 09/24/03-1509 SUBM DR: Golden, Tony B., M.D.  
ENTERED: 09/24/03-1509 OTHR DR:  
ORDERED: CBC

Test	Result	Flag	Reference	Site
<u>CBC W/AUTO DIFFERENTIAL</u>				
WBC	5.7		4.0-10.5 K/MM3	
RBC	5.17		4.40-5.90 M/MM3	
HEMOGLOBIN	15.6		13.5-17.5 G/DL	
HCT	46.5		39.8-52.2 %	
MCV	90		80-99 FL	
MCH	30.1		26.6-33.8 PG	
MCHC	33.5		32.0-36.0 G/DL	
RDW	13.1		11.5-14.5 %	
PLT	310		150-450 K/MM3	
MPV	8.0		6.5-11.0 FL	
GRAN %	66.0		47.0-76.0 %	
LYMPH %	25.9	L	26.0-42.0 %	
MONO %	6.5		4.0-13.9 %	
EOS %	1.2		0.0-5.0 %	
BASO %	0.4		0.0-2.0 %	
GRAN #	3.8		1.2-8.0 K/MM3	
LYMPH #	1.5		1.0-4.4 K/MM3	
MONO #	0.4		0.2-1.7 K/MM3	
EOS #	0.1		0.0-0.6 K/MM3	
BASO #	0.0		0-0.2 K/MM3	

Patient: STRONG, THOMAS LEE Age/Sex: 22/M Acct#D00096812718 Unit#D000241615

417



EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83403  
208-529-6460

CONSULTATION

PATIENT NAME: STRONG, TOM  
UNIT NUMBER: D000241615  
ACCOUNT NUMBER: [REDACTED]  
ATTENDING PHYSICIAN: Thurman, Robert T. M.D.  
CONSULTING PHYSICIAN: Thurman, Robert T. M.D.  
DATE OF CONSULTATION: 03/05/02  
SEX: Male  
AGE: 20  
DOB: [REDACTED]  
LOCATION: D.WP  
ROOM: [REDACTED]

REQUESTING PHYSICIAN: Zabrina Wright, PA-C

REASON FOR CONSULTATION: Gunshot wound, left hand.

**HISTORY:** The patient is a healthy 20-year-old right hand dominant man who was cleaning a 22 caliber pistol two days ago when it discharged. This resulted in a through and through injury between the metaphyseal-diaphyseal junction of the fourth and fifth rays. He was initially seen by Zabrina Wright, PA-C, and the wound was packed with new gauze. He was seen in whirlpool this date for evaluation.


**PAST MEDICAL HISTORY:** The patient's past medical history is remarkable for an allergy to PENICILLIN. He is on no medications at the present time and denies any significant past surgical history. He complains of intermittent migraines and hypoglycemia.

**PHYSICAL EXAMINATION:** Examination of the patient's left hand demonstrates a mild to moderate amount of edema. However, the range of motion is full. There is no evidence of tendon disruption with testing of all four digits. The two point discrimination is between 5 and 6 mm in all digits. The intrinsic muscle function is grossly within normal limits. There is no evidence of infection with regard to the entrance or exit wound. There is normal appearing capillary refill in all digits.

**IMPRESSION:** GUNSHOT WOUND LEFT HAND. RADIOGRAPHS SHOW NO EVIDENCE OF BONY DISRUPTION. CLINICALLY, THERE IS NO EVIDENCE OF NEUROVASCULAR COMPROMISE, NOR TENDON COMPROMISE. THE PATIENT DEMONSTRATES FULL FLEXION AND EXTENSION OF ALL DIGITS.

**PLAN:** Local wound care through hydrotherapy. This will consist of hydrotherapy itself, as well as hydrocolloid dressings over the wounds. The patient will be seen daily for dressing changes. He will return to work using his hand and hold the dressings in place with Coban wrap. I will reevaluate the patient's wounds in 48 hours, although he will be seen again in 24 hours in wound care.

CC: Zabrina Wright, PA-C

  
Thurman, Robert T. M.D.

Dictated date/time: 03/05/02 1814  
Transcribed date/time: 03/06/02 1041  
Transcribed by: JXK  
Pt status TOS: REG RCR  
Pt location TOS: D.WP  
Pt bed TOS:

STRONG, TOM

A#D00094447584

REG RCR 02/04/02

U#D000241615

PATIENT

SOC SEC NO DOB AGE SEX HS Religion VIP CONF  
520-13-8210 [REDACTED] 20 M S  
RACE FINANCIAL  
W PPO

Address: 1008 HILLVIEW AV  
IDAHO FALLS, ID 83402  
Home Ph: (208)524-0749

PATIENT EMPLOYER

UNKNOWN  
Work Phone:  
Occupation:  
Patient Language: ENGLISH

GUARANTOR

STRONG, TOM  
SS#: [REDACTED]  
Address: 1008 HILLVIEW AV  
IDAHO FALLS, ID 83402  
Home Ph: (208)524-0749

GUARANTOR EMPLOYER

UNKNOWN

OTHER GUARANTOR

CHENOMETH, TERILYN  
Address:  
Occupation:

OTHER GUARANTOR EMPLOYER

BECHTEL BW  
PO BOX 1625, IDAHO FALLS, ID, 83401

PERSON TO NOTIFY

Home#: [REDACTED]  
Work#: [REDACTED]

NEXT OF KIN

CHENOMETH, TERILYN  
Home#: (208)524-0749  
Work#: (208)526-2293

Mail To: IPLAN#: Treat/Percent:  
Ins Verify:  
Rel Assign Pro Review:  
Contact:  
Policy Number:  
Subscriber: Group:  
Relation to Patient: Coverage:

INSURANCE #33 IPLAN#: AUTHORIZATION:  
Treat/Percent:  
Ins Verify:  
Rel Assign Pro Review:  
Contact:  
Policy Number:  
Subscriber: Group:  
Relation to Patient: Coverage:

OCCURRENCES CONDITION S  
TYPE DATE TIME

LAST HOSPITALIZATION: Adm Cmt: PT RCR NO PT SEEN NO INJ KNOWN SS TO PT/MR  
ADMISSION / REGISTRATION

ATTENDING PHY: Cheslock, Stanley M.D. ADMIT PHY: ER PHY:  
PRIM CARE PHY: FHL PHY: OTH. PHY:  
Date Time Source Room/Bed Arrival Admitting Diagnosis/Reason For Visit Admit Clerk  
02/04/02 1552 PR CERVICAL SPASMS DBOCAN  
PATIENT PRIMARY OUTPATIENT LOCATION: D.PT OTHER OUTPATIENT LOCATION:

EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404

## EASTERN IDAHO REGIONAL MEDICAL CENTER

## CONSENT AND CONDITIONS OF TREATMENT

I hereby agree and give my consent for the admission / treatment to EIRMC Hospital under the care of the attending physician, his associates, partners, assistants or designees. I consent to any and all hospital care, which encompasses x-ray examination, laboratory procedures, diagnostic procedures, anesthesia, and nursing or medical/surgical treatment which special instructions of the same, during my hospitalization.

In consideration of the hospital care and treatment to be rendered to me by the Hospital, I agree and consent to the following conditions:

(1) MEDICAL AND SURGICAL TREATMENT. I agree and understand that all physicians, dentists and oral surgeons treating me or the patient in any way are responsible and liable for their own acts or omissions and the Hospital is not responsible or liable for the acts and omissions of the aforementioned. I am aware that the practice of medicine is not an exact science and further state that no guarantee has been or can be made as to the results of the treatments or examinations in the Hospital.

(2) ASSIGNMENTS OF INSURANCE BENEFITS. I hereby assign and authorize payment directly to the Hospital, of any hospital benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third-party, payable by any party, organization, et cetera, to or for the patient unless the account for this hospital, outpatient treatment or series of outpatient treatments is paid in full upon discharge or completion of outpatient treatments. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until this account for this hospitalization is paid in full. I understand that I am responsible for any hospital charges not covered by my insurance company. The undersigned individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the Hospital.

(3) ASSIGNMENT OF PHYSICIAN BENEFITS. In the event that I, the patient, in addition to hospital benefits, am entitled to any physician(s) benefits of any type whatsoever arising out of a policy of insurance insuring me or any other party's liability to me, I hereby assign said benefits to any physician rendering care or treatment during this stay or outpatient visits, to be applied to my bill.

(4) RELEASE OF MEDICAL INFORMATION. I authorize the Hospital and any physician rendering care or treatment to release medical and supporting documentation of same as compiled in the medical records during this admission or outpatient visit for purposes of benefit payment.

(5) MEDICARE PATIENT CERTIFICATION. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of authorized benefits be made on my behalf.

(6) PRIVATE ROOM DIFFERENCE. I agree and understand that if I request a private room for myself or the patient, I am responsible for the entire private room difference.

(7) PERSONAL VALUABLE AND BELONGINGS. It is understood and agreed that the hospital maintains a safe for the safekeeping of money, valuables and personal belongings and the Hospital shall not be liable for the loss or damage to any articles of personal property while I am hospitalized unless said articles are deposited with the hospital in the safe and receipts are issued describing said items. The undersigned certifies that he has read all of this document and is the patient, or is duly authorized by the patient or by the law to execute the above agreement and accepts and understands its terms.

## AGREEMENT FOR PAYMENT

The undersigned hereby expressly agrees to pay and guarantee payment in full of any and all charges for hospital services rendered and materials furnished to or for Patient by EIRMC Hospital pursuant to the admission of Patient, and the undersigned further acknowledges and agrees as follows:

(1) GENERAL BILLING INFORMATION. (In-Patient and Out-Patient). It is the Hospital's policy to require payment of all accounts at the time when services are rendered or upon Patient's discharge. As a courtesy to the Patient, the Hospital will bill predetermined insurance benefits and will allow a reasonable time for the insurance company to pay. Should payment not be received, the Patient will be billed for the total charges, and payment is expected from the Patient or responsible party upon receipt of the bill.

(2) BILLING PROCEDURES FOR PATIENTS WITHOUT INSURANCE OR WITH PARTIAL INSURANCE. (In-Patient and Out-Patient). Any portion of a bill which is not covered by insurance, is expected to be paid at the time when services are rendered or upon Patient's discharge. Because all billing information may not be complete at the time of Patient's discharge, a summary bill will be provided to Patient after discharge. Patient will receive a billing summary after discharge, and the undersigned hereby agrees to pay upon receipt of the bill all amounts set forth in the bill.

(3) RESPONSIBLE PARTIES. If more than one person signs the Agreement for payment, their liability shall be joint and several. If any undersigned fails to make payment due hereunder, said account shall become delinquent and will be turned over to a collection agency or an attorney for collection. The undersigned hereby acknowledges and agrees that they shall pay all collection agency fees, Court costs and all attorney's fees incurred by Hospital in collecting the delinquent account. The undersigned hereby waives all rights to notice, presentment or demand by Hospital.

(4) CONSENT TO JURISDICTION. The persons whose names appear below, either as patient or as guarantor, specifically agree that any and all disputes arising under the Consent and Conditions of Treatment Agreement between the parties hereto shall be determined by Courts of competent jurisdiction within the State of Idaho pursuant to the laws of the State of Idaho and consent is hereby given to personal and subject matter jurisdiction of the Courts of the State of Idaho over the parties hereto in reference to any matter arising out of the foregoing Consent and Conditions of Treatment, including, but not limited to, judgment and the enforcement thereof by any other legal remedy.

(5) AMOUNT OF CHARGES. It is understood and agreed by the undersigned that the total charges for services rendered and any insurance benefits which are calculated at the time of discharge, are estimates based upon the best information available to the Hospital at the time of discharge, and that the Hospital upon receipt of subsequent information may amend such charges for services rendered, or the insurance payments actually received, and will notify Patient of any such changes. The undersigned specifically agrees to pay such additional or amended charges upon receipt of the Hospital's bill or notice.

(6) PAYMENT AGREEMENT. The undersigned individually obligates himself to the payment of the Hospital account incurred by the patient in accordance with the regular rates and terms of the Hospital at the time of patient's discharge. If the patient fails to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, the undersigned shall pay all collection agency fees, court costs and attorney's fees. The undersigned agrees that any patient or guarantor overpayments collected on the above admission or outpatient treatments may be applied directly to any delinquent account for which the patient or guarantor is legally responsible at the time of collection of the overpayment.

The undersigned acknowledge that they have read and fully understand the terms and conditions of this Agreement for Payment, and that they have received a copy of this agreement.

Does your insurance require precertification for this visit? ☐ Yes ☒ No

A notice of Patient Rights was made available to you? ☐ Yes ☒ No

Tom L. Githens  
PATIENT NAME / SIGNATURE

GUARANTOR

Self  
RELATIONSHIP

DATE

WITNESS

80172 (8/93)

420

Eastern Idaho Regional Medical Center  
**THERAPY SPECIALTIES**  
Physical Health and Rehabilitation Center

2840 Channing Way  
Idaho Falls, ID 83403  
(208) 529-7999  
Fax (208) 529-7072

Patient Name Tom Stone Date 1/22/02

Diagnosis (required) HT, cervical spasm

Duration / Frequency 2-3 x / wk for 3-4 wks

☒ Physical Therapy

☐ Occupational Therapy

PLAN OF TREATMENT:

MODALITIES

- ☒ Heat / Cold  
☒ Ultrasound  
☒ Electrical Stimulation  
☐ Iontophoresis / Phonophoresis  
☒ Traction

THERAPEUTIC EXERCISE

- ☒ Range of Motion Exercises  
☒ Flexibility  
☐ PRE's (Resistance Training)  
☐ Spinal Stabilization  
☐ Body Mechanics / Back School  
☐ Pool Therapy  
☐ Gait / Balance Training  
☐ Neuro Rehab / NDT / PNF

SPECIALIZED TREATMENT

- ☐ Hand Therapy  
☐ Wound Care  
☐ Mobilization / Manual Therapy  
☐ Lymphedema  
☐ Bio-feedback  
☐ Splinting / Bracing / Orthotics  
☐ Work Conditioning / Work Hardening  
☐ FCE Testing

Specific Instructions \_\_\_\_\_

Physician Signature [Signature]

Rev 6/00

RUN DATE: 08/22/06  
RUN TIME: 1618  
RUN USER: DHITGM

Eastern Idaho RMC LAB \*LIVE\*  
Specimen Inquiry  
PCI User: DHITGM Lab Database: LAB.COCID

PAGE 1

PATIENT: STRONG, THOMAS LEE ACCT #: D00310663059 LOC: D.SURG U #: D000241615  
AGE/SX: 22/M ROOM: D.344 REG: 06/25/04  
REG DR: Linderman, Catherine, M. DOB: 09/03/81 BED: A DIS: 06/26/04  
STATUS: DIS INO TLOC:

SPEC #: 0614:ID:C00271R COLL: 06/14/04-1644 STATUS: COMP REQ #: 01327899  
RECD: 06/14/04-1644 SUBM DR: Linderman, Catherine, M.D.

ENTERED: 06/14/04-1646 OTHER DR:  
ORDERED: LYLES, BUN, CREAT

Test	Result	Flag	Reference
<u>LYTES</u>			
> NA	141		136-145 MEQ/L
> K	3.8		3.5-5.1 MEQ/L
> CL	106		100-110 MEQ/L
> CO2	28		22-29 MEQ/L
> BUN	15		6-22 MG/DL
> CREATININE	0.9		0.6-1.3 MG/DL

\*\* END OF REPORT \*\*

RUN DATE: 08/22/06 RUN TIME: 1618 RUN USER: DHITGM		Eastern Idaho RMC LAB *LIVE* Specimen Inquiry PCI User: DHITGM Lab Database: LAB.COCID		PAGE 1	
PATIENT: STRONG, THOMAS LEE REG DR: Walker, Grant E., M.D.		ACCT #: D00312713591 AGE/SX: 24/M DOB: 09/03/81 STATUS: REG CLI		LOC: D.LB ROOM: BED: TLOC:	
				U #: D000241615 REG: 11/21/05 DIS:	
SPEC #: 1121-ID:C00217R ENTERED: 11/21/05-1601 ORDERED: CRP		COLL: 11/21/05-1601 RECD: 11/21/05-1601		STATUS: COMP REQ #: 01675721 SUBM DR: Walker, Grant E., M.D. OTHR DR:	
Test		Result		Flag Reference	
> CRP		< 1.0		0.0-1.0 MG/DL	

\*\* END OF REPORT \*\*

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 24  
ACCOUNT NUMBER: [REDACTED] DOB: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM:  
RADIOLOGIST: R DOUGLAS GREALLY, M.D. STATUS: REG CLI  
DATE OF EXAM: 09/06/2005 RAD NUMBER:

EXAMS:

000573974 XR CHEST 2V

CHEST X-RAY, SEPTEMBER 6, 2005

HISTORY: PREOP.

REPORT: The heart and lungs are within normal limits.

IMPRESSION: NORMAL CHEST.

\*\* Electronically Signed by R. DOUGLAS GREALLY \*\*  
\*\* on 09/21/2005 at 1153 \*\*  
Reported by: R DOUGLAS GREALLY, M.D.  
Signed by: GREALLY, R. DOUGLAS

CC: Linderman, Catherine, M.D.

Dictated: 09/06/2005 1604 Tech: MONICA M. SCHULTE, RT(R)  
Printed: 08/22/2006 1618 Trans: 09/07/2005 0832 by DHIKXA

PAGE 1

Signed Report Printed From PCI

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
NUMBER: [REDACTED] DOB: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM:  
RADIOLOGIST: MICHAEL C. BIDDULPH, M.D. STATUS: UNK  
DATE OF EXAM: 07/20/2004 RAD NUMBER:

EXAMS:

000482756 XR CHEST 2V

CHEST X-RAY, TWO VIEWS, JULY 20, 2004.

INDICATION: PULMONARY EDEMA.

FINDINGS: The heart size and pulmonary vascularity are normal. The lungs are clear. There is no evidence of pulmonary edema. There are no pleural effusions. There are electrodes along the left posterior chest. The chest is otherwise negative.

IMPRESSION: ELECTRODES ALONG THE POSTERIOR LEFT CHEST. THE CHEST IS OTHERWISE NEGATIVE.

\*\* Electronically Signed by MICHAEL C BIDDULPH \*\*  
\*\* on 07/21/2004 at 1419 \*\*  
Reported by: MICHAEL C. BIDDULPH, M.D.  
Signed by: BIDDULPH, MICHAEL C

CC: Linderman, Catherine, M.D.

Dictated: 07/20/2004 1249 Tech: AMBER R. NEILSEN, RT(R)  
Printed: 08/22/2006 1618 Trans: 07/21/2004 1337 by DHICDS



EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: 0000241615 AGE: 22  
NUMBER: [REDACTED] DOB: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM:  
RADIOLOGIST: PETER VANCE, M.D. STATUS: UNK  
DATE OF EXAM: 06/28/2004 RAD NUMBER:

EXAMS:

000477813 XR CHEST 2V

CHEST X-RAY, TWO VIEWS, JUNE 28, 2004.

CLINICAL HISTORY: POSTOPERATIVE NEGATIVE PRESSURE PULMONARY EDEMA.

PA and lateral views of the chest. Comparison date 6/27/04.

FINDINGS: The electrodes are noted again overlying the left hemithorax and abdomen posteriorly, unchanged in position or appearance. The cardiac silhouette and pulmonary vasculature appear unremarkable. No focal infiltrates or effusions. The areas of patchy perihilar opacities on the prior studies have resolved.

IMPRESSION: NO EVIDENCE FOR ACUTE CARDIOPULMONARY DISEASE.

\*\* Electronically Signed by PETER VANCE M.D. on 06/28/2004 at 1658 \*\*  
Reported by: PETER VANCE, M.D.  
Signed by: PETER VANCE, M.D.

CC: Linderman, Catherine, M.D.

Dictated: 06/28/2004 0937 Tech: MATTHEW S. PAYNE (ISU)  
Printed: 08/22/2006 1618 Trans: 06/28/2004 1538 by DHICDS

PAGE 1

Signed Report Printed From PCI

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83403  
208-529-6460

12 LEAD EKG

PATIENT NAME: STRONG, THOMAS LEE

ROOM:

UNIT NUMBER: 0000241615

PT LOCATION: D.RD

NUMBER: [REDACTED]

SERVICE DATE/TIME: 09/06/05

AGE: 24

ATTENDING PHYSICIAN: Linderman, Catherine, M.D.

DOB: [REDACTED]

ORDERING PHYSICIAN: Linderman, Catherine, M.D.

SEX: M

READING PHYSICIAN: Armour, William E., M.D.

INTERPRETATION: Normal sinus rhythm  
Normal ECG

REFERRED BY: Linderman

CONFIRMED BY: Armour

Dictated date/time: 09/07/05 0800  
Transcribed date/time: 09/07/05 1408  
Transcribed by: LJM  
Admission Date:

Pt status TOS: REG CLI  
Pt location TOS: D.RD  
Pt bed TOS:  
Discharge Date:

RUN DATE: 08/22/06  
RUN TIME: 1620  
RUN USER: DHITGM

Eastern Idaho RMC LAB \*LIVE\*  
Specimen Inquiry  
PCI User: DHITGM Lab Database: LAB.COCID

PAGE 1

PATIENT: STRONG, THOMAS LEE ACCT #: D00311675904 LOC: D-IM U #: D000241615  
AGE/SX: 23/M ROOM: REG: 02/24/05  
REG DR: Linderman, Catherine, M. DOB: 09/03/81 BMD: DIS:  
STATUS: REG CLI TLOC:

SPEC #: 0224:ID:C00212R COLL: 02/24/05-1530 STATUS: COMP REQ #: 01495302  
RECD: 02/24/05-1530 SUBM DR: Linderman, Catherine, M.D.

ENTERED: 02/24/05-1536

OTHR DR:

ORDERED: LIVER

COMMENTS: DR'S REQUEST CONFIDENTIAL  
FAX RESULTS TO 557-0171

Test	Result	Flag	Reference
<u>LIVER</u>			
> TOTAL PROTEIN	7.1		6.4-8.2 G/DL
> ALBUMIN	3.7		3.4-5.0 G/DL
> BILIRUBIN TOTAL	0.2		0.0-1.0 MG/DL
> BILI DIRECT	0.1		0.0-0.4 MG/DL
> AST/SGOT	12		8-28 UNITS/L
> ALT/SGPT	37		14-44 UNITS/L
> ALK PHOS TOTAL	85		50-136 UNITS/L

\*\* END OF REPORT \*\*

**EASTERN IDAHO REGIONAL MEDICAL CENTER**  
**CONSENT FOR DISCLOSURE OF NAME AND OF PHYSICIAN'S NAME**

NAME OF PATIENT: \_\_\_\_\_  
STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Linderman

1. I am a patient in Eastern Idaho Regional Medical Center.
2. I hereby authorize the Hospital to disclose and list my last name and to disclose and list my physician's last name on a census board that shall be located in plain view at a nurse's station.
3. I hereby authorize the disclosure and listings of my full name and of my physician's last name on nursing report sheets and medication drawers.
4. I understand that the purpose of this disclosure is to assist physicians, nursing staff and ancillary services in locating me within the Hospital and to provide treatment and care to me in a timely manner.
5. I hereby release the Hospital, its employees and my physicians from any and all responsibility arising out of the disclosure and listing of my last name and of my physician's last name. I have been given the option to refuse permission to disclose and list my last name and to disclose and list my physician's last name as described above.

Date: 6/14/04 for 6/25/04

Thomas L. Strong  
Patient

\_\_\_\_\_  
Representative

[Signature]  
Relationship to Patient

[Signature]  
Witness

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Linderman

# CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA OR OTHER PROCEDURE

This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

1. I hereby authorize Dr. Catherine Linderman and/or such consultants, technical advisors, students, associates or assistants as may be selected by said physician to treat the following condition(s) which has (have) been explained to me: (Explain the nature of the condition(s) in professional and lay language.)

Cervical Neuralgia

2. The procedures planned for treatment of my condition(s) have been explained to me by my physician. I understand them to be: (Describe procedures to be performed in professional and lay language.)

Spinal Cord Stimulator  
implantation with use of the  
generator

At Eastern Idaho Regional Medical Center.

3. I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those above set forth. I therefore authorize my above named physician, and his or her assistants, designees or intraoperative consultants, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgment necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.
4. I consent to the taking of photographs, motion pictures, video taping or televising me during diagnostic and/or treatment sessions, operations, and/or other surgical or medical procedures. I authorize Dr. Linderman and/or such consultants, associates or assistants as may

be selected by said doctor to admit to the operating room and/or other areas of the hospital cameramen, photographers, technicians and equipment designed for such purposes.

5. I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

6. I consent to the administration of anesthesia by my attending physician, by an anesthesiologist or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.
7. ☒ I do ☐ do not consent to the transfusion of blood and blood products as deemed necessary. The risks of, benefits of, and alternatives to receiving blood have been explained to me. The risks include, but are not limited to, chills, fever, itching, other mild allergic reactions (including breakdown of the red blood cells) and possible exposure to infectious diseases. These risks exist despite careful testing of the blood and blood products. The blood may be donated by me for my own use and/or received from the volunteer donor pool.
8. Any tissues or parts surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

## PATIENT OR PATIENT REPRESENTATIVE'S ACKNOWLEDGMENT

I certify that my physician has informed me of the nature and character of the medical procedure or surgery described on this form, including its possible significant risks, benefits, complications and anticipated results; and the alternative forms of treatment, including non-treatment, and their significant risks, complications and anticipated results.

I acknowledge that I have read (or have had read to me) and fully understand the above consent, the explanations referred to were made, and all blanks or statements requiring insertion or completion were filled in before I affixed my signature.

SIGNATURE OF PATIENT  
OR PATIENT REPRESENTATIVE

Tom L. Strong

DATE 6/25/04 TIME 0520

Print Patient's Name

Thomas Lee Strong

## WITNESS ACKNOWLEDGMENT

I acknowledge that I, as witness, have identified the above individual and I have verified his/her signature on this document if necessary per policy.

WITNESS SIGNATURE

Marilyn Corbett

## PHYSICIAN'S STATEMENT

The medical procedure or surgery stated on this form, including the possible risks, complications, alternative treatments (including non-treatment), benefits and anticipated results, was explained by me to the patient or his/her representatives before the patient or his/her representatives consented.

STRONG, THOMAS LEE  
0000241615 09/03/81 M/22  
000310663059 06/25/84 SDC  
Attending: Catherine Linderman, M

PHYSICIAN'S SIGNATURE

Please read both sides before signing.

Lab

**1. Consent to Medical and Surgical Procedures**

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree X T.L.S. Disagree \_\_\_\_\_

**2. Organ Donation**

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

**3. Patient Self-Determination Act**

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. \_\_\_\_\_
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. \_\_\_\_\_
- I have not executed an Advance Directive. X T.L.S.
- I have received information about Advance Directives as required by federal law. X T.L.S.
- Do you wish to execute an Advance Directive at this time? **8.**  
☐ Yes ☒ No X T.L.S.

**4. Personal Valuables**

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

**5. Weapons/Explosives/Drugs**

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

**6. Private Room**

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

**7. Financial Agreement**

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

**Notice of Privacy Practices**

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: X T.L.S.

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Date 6/14/04  
for 6/25/04  
 Time 4:25 ☐ a.m. ☒ p.m.

Patient/Parent/Guardian/Conservator/Domestic Partner

X Tom L. Strong

Spouse (if married/available)

X

If other than patient, indicate relationship

Witness (to Signature only)

X J.A.

PATIENT IDENTIFICATION

**Conditions of Admission and Authorization for Medical Treatment**

STRONG, THOMAS LEE  
 2000241615 09/03/81 M/22  
 D08310663059 06/25/04 SDC  
 Attending: Catherine Linderman

Age/Sex: 22 M  
 Unit #: 0000241615  
 Admitted: 06/25/04 at 1910  
 Status: DJS INo

Attending: Linderman, Catherine, M.D.  
 Account #: [REDACTED]  
 Location: D.SURG  
 Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
 FINAL INTERDISCIPLINARY DISCHARGE RECORD

Page: 17

Printed 07/14/04 at 2104

Diagnosis/Goal/Intervention Description									
Activity Type	Occurred Date	Recorded Date	Time by	Time by	Sts Directions Documented	From	Change		
Activity Date: 06/26/04 Time: 1340									
Patient Notes: Nurses' Notes									
- Create 06/26/04 1340 ATK 06/26/04 1609 ATK									
-----									
Addendum: 06/26/04 at 1610 by ATK KUMP, ALAN T RN									
IV REMOVED PRIOR TO DISCHARGE.									
-----									
Original Note: 06/26/04 at 1340 by ATK KUMP, ALAN T RN									
PT. ANXIOUS AND READY TO GO HOME. PT. AND MOTHER VERBALIZED UNDERSTANDING OF INSTRUCTIONS AND GIVEN COPY. RX GIVEN TO PT. BY DR. LINDERMAN. DRESSING TO BACK AND NECK CLEAN AND DRY. ICE PACK TO NECK. PT. AMBUALTED TO CAR AND MOTHER TO DRIVE PT. TO HOME.									
Note Type Description									
No Type None									
-----									
Monogram Initials	Name		Nurse Type						
ATK	DNJATK	KUMP, ALAN T	RN						
CJM	DNJCJM	MCCLURE, CARLA J	RN						
CJR	DNJCJR	WILSON, CALI J	RN						
DGW	DNJDGW	WENCZEL, DARLENE G	RN						
DMJ	DNJDMJ	JORDE, DEANNE M	RN						
KCL	DBOKCL	HANSEN, KARA C	TE						
MBA	DNJMBM	BARKER, MALINDA	RN						
MSC	DNJMSC	CORBETT, MARILYN S	RN						
NMC	DNJNMC	CARLSON, NICOLE M	RN						
TJK	DRTTJK	KOFOED, TERESA J	RT						
his	automatic by program								

432

FRMC-S 40

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted:  
Status: PRL SOC

Attending: Linderman, Catherine, M.D.  
#:   
Location: D.SDS  
Room/Bed:

STRONG, THOMAS LLI

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Eastern Idaho Reg Patient Care + Live\*  
Preadmission History

### Admission History

: Denies Problems : Denies Problems  
VASCULAR / HEART PSYCHIATRIC  
: Denies Problems : Denies Problems  
NEUROLOGICAL / BRAIN / SPINAL CORD SKIN  
: History Of : Denies Problems  
GASTROINTESTINAL / BOWEL / DIGESTIVE URINARY / REPRODUCTIVE  
: Denies Problems : Denies Problems  
MUSCULOSKELETAL EYES / EARS / NOSE / THROAT  
: History Of : History Of  
ENDOCRINE OPERATION PROCEDURES  
: Denies Problems : History Of  
ANESTHESIA  
: Denies Problems  
DENTAL HISTORY  
: History Of  
NUTRITION  
Special Diet: REGULAR Stated weight: 155 Height - Feet: 6 Inches: 0.0  
Recent unplanned weight loss greater than or equal to 10%: N Comment:  
Nausea/vomiting 72 hours or more: N  
Difficulty with Chewing: N Eating: N  
Swallowing: N Other:  
ADJUSTMENT TO ILLNESS  
Request for Support or Counseling  
Medical Advocate: N Work Issues: N  
Psychiatric Crisis: N Pastoral Care: N  
Support Group: N Social Work: N  
Coping Strategies: N Financial Counseling: N  
Family Issues: N Other:  
DISCHARGE / DISPOSITION  
Living Arrangement - Patient lives in: HOUSE  
SELF CARE  
No Problems/Issues: N  
PATIENT LIVES WITH  
Alone: Significant other:  
Adult child(ren): Spouse:  
Parent(s): Y Name of person: TERI LYN CHENOWETH  
Private aide: Phone number: 524-0749  
Sibling(s): Other contact info: 552-0237

### Special instructions:

Monogram Initials	Name	Nurse Type
OGW	DNUNGW	WENC/FI, DARI FNI G
		RN.

433



Age/Sex: 22 M  
Unit #: 0000241615  
Admitted:  
Status: PRE SDC

Attending: Linderman Catherine, M.D.  
Location: D.SDS  
Room/Bed:

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

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Pre-Procedure Assessment

=== ADMISSION ASSESSMENT ===

Date: 06/25/04 Time: 0450  
Mode of Arrival: AMBULATORY  
Temperature: 95.4 Temp Source: TYN  
Pulse: 80 Pulse Source: API  
Respirations: 14 Resp Source: OBS  
Blood Pressure: 127/67 BP Source: ARM-L  
SaO2% on RA: 96  
SaO2% on O2: Height - Feet: 5 Weight - Lb: 162 BMI: 22.9  
O2 Amt.(L/M): Inches: 10.5 Kg: 73.48 IBW (kg): 256.279  
Oxygen Type: Cm: 179.07 Wt Source: STANDING IBW #: 28.00  
Body Frame: MEDIUM Glucose:

Review pt meds: Y

=== NEUROLOGICAL ===

Alert, Oriented x 3; Denies sensory changes (no numbness, tingling or loss of sensation);  
motion equal and strong bilaterally; intact facial symmetry; pupils equal and reactive to  
light.  
Within Defined Parameters? No - Comment Required:

=== RESPIRATORY ===

Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion  
symmetrical; no excessive sputum.  
Within Defined Parameters? Yes

=== CARDIOVASCULAR ===

Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to  
2 seconds; No peripheral edema.  
Within Defined Parameters? Yes

=== MUSCULOSKELETAL ===

No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.  
Within Defined Parameters? No - Comment Required

=== GASTROINTESTINAL ===

Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color  
within patient's typical pattern; No excessive flatulence, decreased appetite;  
No nausea or vomiting; Oral mucosa pink/moist.  
Within Defined Parameters? Yes - With Comment

=== GENITOURINARY ===

Urine clear and yellow to amber in color; No frequency, burning or urgency.  
Within Defined Parameters? Yes

=== INTEGUMENTARY ===

Skin warm/dry and intact; Color typical for patient; Skin turgor elastic.  
Within Defined Parameters? Yes

=== PSYCHOSOCIAL ===

Affect appropriate for situation; Cooperative, responds appropriately; Maintains  
appropriate eye contact.  
Within Defined Parameters? Yes

=== PAIN ===

Pain: Y Pain Scale (0-10): 4 Pain in recent past? Y  
Pain Comment: PT. VERBALIZED UNDERSTANDING, USE OF PAIN SCALE.

Pre-Procedure Assessment

Cont:

=== ULCER ===

Partial Thickness or Greater: N Wounds/Incisions: N Pressure ulcer(s) present on admit: N

=== SAFETY/RISK ===

Isolation: STANDARD  
IV: Y

=== FALL RISK ASSESSMENT ===

Mental Status: 0 Not Altered  
Sensory Preceptual Status: 3 Altered  
Physical Mobility Status: 0 Not Altered  
Elimination Status: 0 Not Altered  
Recent History of Falls: 0 None the past 3 months  
Patient's Age: 0 Under 65 years of age  
Total Score: 3  
Fall Risk Screening: 3-6 Moderate

=== BRADEN SCALE ===

Sensory Perception: 3  
Moisture: 4  
Activity: 3  
Mobility: 4  
Nutrition: 4  
Friction and Shear: 3  
Total Score: 21

=== INSTRUCTIONS ===

EXPLAINED the following: Intercom, bed controls, TV, visiting policy, using the telephone,  
calling for assistance in and out.  
REVIEWED the following: Unit routines, pain management rights, patient rights, patient  
handbook and location of bathroom.  
ENSURE the following: Bed in lowest position and locked, patient responsible for valuables,  
call bell is within reach; top side rails are up.  
Exceptions to above: N Valuables: GLASSES /C BELONGINGS. WALLET /C MOTHER

Admit Problem #1:

Admit Problem #2:

Admit Problem #3:

Add Hospital Standards to Care Plan: YES Age group: YA Enter Admission Note?

Enter Surgical List: Y Pager/Other Contact Number: MOTHER, TERRILYN CHENOWETH IN WR.

Adm. Hx Comment: COPY OF LIVING WILL ON CHART, PT. SIGNED CONSENT. HE REPORTS THAT HE  
Adm. Cmt Cont: IS NPO. AMCEP GM. 1 IVPB SENT TO OR /C PT.

Surgical Checklist

OPERATIVE/INVASIVE CHECKLIST

ID Band on patient and correct: Y  
Patient verbalized procedure: Y  
Site marked with patient assist: N  
Procedure consent complete: Y  
Anesthesia consent complete:  
Notified if patient in isolation:  
NPO instruction given: Y  
Clothing removed: Y  
History and Physical on chart: N  
Radiographic films to OR: Y  
Voided or cathed: Y  
Retention catheter placed:  
Blood products ordered:  
Type and crossmatch completed:  
Preoperative labwork on chart:  
Pregnancy report on chart:

Age/Sex: 22 M  
Unit #: D000241615  
Admitted:  
Status: PRE SDC

Attending: [REDACTED] M.D.  
Location: D.SDS  
Room/Bed:

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

Page: 2

Surgical Checklist		Neurological	
Pre-procedure scrub done: Does patient have pacemaker:		06/25/04 0548 MSC	
INDICATE AS APPROPRIATE: Dentures:	DISPOSITION	=== NEUROLOGICAL === Pupil Size Lt. Eye: 5 mm Pupil Size Rt. Eye: 5 mm Neuro Comment: PUPILS ARE SLOW TO REACT TO LIGHT. PT. STATES THAT LIGHT Neuro Comment Cont: MAKES HIS HEADACHE WORSE. CHRONIC HEADACHE/ AND NECK.	
Artificial limbs:		=== MUSCULOSKELETAL === 06/25/04 0548 MSC Musc/Skel Comment: PT. HAS HAD PAIN IN NECK, HEADACHES FOR SEVERAL YEARS. Musc/Skel Comment Cont: SOME INTERMITTANT PAIN, NUMBNESS OF ARMS.	
Glasses: Yes	/C BELONGINGS	=== GASTROINTESTINAL === 06/25/04 0548 MSC Last BM: 06/24/04	
Contact lenses:		Pain Assessment 06/25/04 0548 MSC Pain Level Goal: 2 Pain treatments which work: PT. STATES THAT MEDICATIONS HAVE NOT REALLY SEEMED TO HELP.	
Artificial eyes:		Abuse Screening === ABUSE SCREENING === ---Staff will OBSERVE the following--- Are any injuries visible? N If yes, you must answer the following three questions Do injuries correspond with the explanation offered? Are injuries in various stages of healing? Are injuries defensive in nature such as the back of arms and hands? Is person accompanying patient reluctant to leave and answers all questions directed to patient? N Is there denial or minimizing of injuries by patient or person accompanying patient? N Does patient appear embarrassed, evasive, anxious or depressed? N Does patient express fear of returning home and safety of self or any children? N	
Hearing aids:			
Personal items: WALLET	/C MOTHER		
Other:			
Preoperative Medication Given:	Time:		
IV patent and extension tubing attached: Yes			
Height - Feet: 5 Inches: 10.5 Cm: 179.07	Weight - Lb: 162 Kg: 73.48 Time: 0450 SpO2: 96 Pulse: 88 Blood Pressure: 127/67 Respirations: 14 Temperature: 95.4		
ACTIVE TIME OUT Conducted By RN:	Time:		
Select the FILE AND PRINT option when complete and use the the profile PRECHECK			
Pre-Procedure Hx: Medications			
06/25/04 0548 MSC			
Dose and Frequency / Last Taken			
SCULLCAP PRN LD: ABT. WK AGO MIGRAQUEL PRN LD: ABT. WK AGO SKELAXIN PRN LD: 2-3 WK AGO MOTRIN 800 MG. PRN			

Age/Sex: 22 M  
Unit #: D000241615  
Admitted:  
Status: PRE SDC

Attending: Loderman Catherine, M.D.  
Account #: XXXXXXXXXX  
Location: D, SDS  
Room/Bed:

STRONG, THOMAS LEE

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Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

Monogram	Initials	Name	Nurse Type
MSC	DNUMSC	CORBETT, MARILYN S	RN

436

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted:  
Status: PRF SDC

Attending: Linderman, Catherine, M.D.  
Account #: 000310663059  
Location: D.SUS  
Room/Bed:

STRONG, THOMAS LEE /

Eastern Idaho Reg Patient Care #Live\*  
Preadmission History

Page: 1

Type	Allergy - Severity/Comments	Updated Dt/Tm	Verified Dt/Tm	Eyes / Ears / Nose / Throat
MEDICATION	MAXALT FEELS LIKE BUGS UNDER SKIN PENICILLIN REACTION WHEN CHILD	06/23/04 0908	06/23/04 0908	06/23/04 0922 DCW
FOOD	No Known Food Allergies	03/04/02 0431	06/23/04 0908	Glasses: Y
CONTRAST MEDIA	No Known Contrast Allergies	03/04/02 0431	06/23/04 0908	Dental History
OTHER	NO KNOWN ALLERGIES (OTHER)	03/04/02 0431	06/23/04 0908	06/23/04 0922 DCW
Pre-Procedure Ix - Medications				Other: CROWN
Dose and Frequency / Last Taken				Admission History
Skelexin PRN 2-3 wks ago SCULLCAP PRN alt wk ago MIGRAQUEL PRN				Reason for admission: SPINAL CORD STIMULATOR Primary Physician: Anesthesia: Monitored Anesthesia Procedure date: 06/25/04 Admit time: 0500 Procedure time: 0700 Preadmit Instruct: COME TO 2ND FLOOR ADMISSIONS NPD Instruct: AFTER 2400-FOLLOW DR. LINDERMAN'S INSTRUCTIONS
Operation Procedures				PERSONAL INFORMATION== Person providing information/receiving instructions: SELF Primary Language: ENGLISH Is an interpreter needed? N Hospital Spanish interpreter? Name/Phone of interpreter:
List all surgeries and approxi				==ADVANCE DIRECTIVES== Living will: Y Health Care Power of Attorney: Y Copy on Chart: N Health Care Power of Attorney (name): TERRY HAYES Copy on Chart: N Interest expressed in obtaining Advance Directives:
Neurological/Brain/Spinal Cord				Copies to be brought in by: PATIENT Organ Donor (Tissue, Bone, Eyes):
Back pain: Y Difficulty with balance: Y Dizziness: Y Frequent headaches: Y Neck pain: Y Numbness: Y Severe headaches: Y Tingling of arm/leg: B Weakness: Y Comments: NUMBNESS, TINGLING AND WEAKNESS IN BIL ARMS AT TIMES				Alcohol use: DENIES Alcohol Comment: Drinks socially: Per day: Per week: Tobacco use: DENIES Tobacco Comment: How many cigarettes do you smoke a day? Do you have a cigarette within 1 hour of awakening?
Musculoskeletal				Recreational drug use: DENIES Drug comment: Treatments: NO Chemotherapy: Radiation: Peritoneal Dialysis: Dialysis: Other: :
Arthritis: Y Fracture: Y Comments: FX-JAW, BONE IN RIGHT FOOT, RIB				Immunizations Tetanus: Y Yr: UNK Flu vaccine: N Yr: Pneumonia vaccine: N Yr: Medications taken regularly (Prescription, over-the-counter, home remedies): NO Herbal Preparations: YES Have you had any changes in medication in the past 30 days? N

CURRENT / PAST MEDICAL / SURGICAL HISTORY  
RESPIRATORY / LUNGS

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Age/Sex: 22 M  
Unit #: D000241615  
Account#: D00310663059  
Admitted: 06/25/04 at 1910

STRONG, THOMAS LEE (ADM INO)  
D. SURG-D.344-A

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Linderman, Catherine, M.D.  
Eastern Idaho Reg Patient Care

Discharge Instructions Only

Discharge Instructions

Date of Discharge: 06/26/04 Time of Discharge: 1315

Mode of Discharge: WHEELCHAIR

Last Assessment Completed

Primary Admit Dx/Reason: SPINAL CORD STIMULATOR

Primary Discharge Dx/Reason:

Pressure ulcer(s) present on admit: N

Pressure ulcer(s) present on discharge: N

Discharge Category: Discharge To Home or HHS  
(Press Shift & F8 For Help)

Name of Hospital/Agency/DME Provider: HOME - SELF CARE

Phone Number:

Discharge Disposition: HOM

Accompanied at D/C by: SPOUSE

Pain Scale (0-10): 3 Pain goal met: Y

Pain comment:

Fall Risk Screening: 3-6 Moderate

Fall comments:

Diet: REG

JCAHO Core Measure: None

Exercise or Special Limits:

WALKING IS GOOD

ICE PACK TO NECK AND BACK

Dressing, Treatment, Special Equipment:

Date to return to work/school:

Call Doctor's Office If:

INCREASE IN PAIN, PROBLEMS OR QUESTIONS.

Follow-Up Appointment

MON. JUNE 27 @ 10:00 AM AS SCHEDULED WITH DR. LINDERMAN.

CHEST X RAY AS SCHEDULED @ 9:00 AM BEFORE SEEING DR. LINDERMAN.

Update/Review Discharge Needs: N

Sent Home with all Bedside Belongings: Y

Print medications for discharge: N

Food/Drug interactions reviewed: Y

Special/Other Instructions

OXYCODONE TAKE AS DIRECTED

KEFLEX TAKE AS DIRECTED

Tom L. Strong  
Alan Kung

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: ADM INo  
Attending: Linderman, Catherine, M.D.  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho RMC

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Printed 06/26/04 at 0527  
Period ending 06/26/04 at 0559

LAST 24 HOURS OF PATIENT CARE

Occurred Date	Time by	Author	Recorded Date	Time by	Notes: All Categories Category	Occurred Date	Time by	Author	Recorded Date	Time by	Notes: All Categories Category
06/25/04 1910	CJR	WILSON, CALI J	06/25/04 2244	CJR	Nurses' Notes	06/25/04 2330	DMJ	JORDE, DEANNE M	06/25/04 2320	DMJ	(continued)
PT ADMITTED TO ROOM 344 FROM DAY SURGERY AT THIS TIME. RN ASSESSMENT COMPLETED AND CHARTED AND VITAL SIGNS TAKEN BY STORIE. RN AT THIS TIME.						RESPIRATIONS: HCB IS ELEVATED AND NO NEW BLOODY SPUTUM OBSERVED IN PINK BASIN. NO FURTHER CONCERNS.					
Note Type						Description					
No Type						None					
06/25/04 1925	CJR	WILSON, CALI J	06/25/04 2246	CJR	Nurses' Notes	06/25/04 2359	DMJ	JORDE, DEANNE M	06/26/04 0000	DMJ	Nurses' Notes
IN TO SEE PT AT THIS TIME. PT IS AWAKE/ALERT. COUGHING UP BRIGHT RED BLOOD. NO CHANGE FROM DAY SURGERY. UNABLE TO QUIT COUGHING AT THIS TIME. PROVIDED WITH TISSUES AT BEDSIDE. RATES PAIN 5/10 BUT DENIES NEEDING PAIN PILLS. ASSESSED DRESSINGS TO BACK AT THIS TIME. TWO OUT OF FOUR DRESSINGS D/T. UPPER BACK DRESSING WITH SMALL SHADOW OF DRAINAGE. LOWER LEFT BACK DRESSING WITH LARGE AMOUNT OF DRAINAGE SEEN THROUGH TAPE. PT DENIES NAUSEA EXCEPT FOR WITH CONTINUOUS COUGHING. RN ASSESSMENT COMPLETED AND CHARTED BY CJO. GRADUATE NURSE AT THIS TIME. PT DENIES ANY NEEDS. ORIENTED TO ROOM AND FLOOR ROUTINE AND ENCOURAGED TO CALL FOR NEEDS/ASSIST PRN. CALL LIGHT WITHIN REACH.						UNKNOWN IF IV FLUSHED AT 1600. PT NOT IN THIS DEPARTMENT AT THIS TIME.					
Note Type						Description					
No Type						None					
06/25/04 1925	DMJ	JORDE, DEANNE M	06/25/04 2318	DMJ	Nurses' Notes	Neurological Assessment					
IN TO ASSESS PT. PT SITTING ON BED. PINK BASIN PRESENT W/PT COUGHING AND SPITTING BRIGHT RED SPUTUM INTO BASIN. PT REPORTS MINIMAL PAIN IN CHEST W/COUGHING SPELLS. VSS. DENIES NEEDS.						06/25/04 1925 DMJ					
Note Type						Description					
No Type						None					
06/25/04 2100	DMJ	JORDE, DEANNE M	06/25/04 2319	DMJ	Nurses' Notes	Pupil Size Lt. Eye: 5 Pupil Size Rt. Eye: 5 Pupils: PERRL LOC: AWAKE/ALER Oriented To: TIMES 3 Eye Opening: 4 Best Verbal Response: 5 Best Motor Response: 6 Glasgow Coma Score: 15 Numbness: NONE Speech: NORMAL Neuro Comment: DENIES NUMBNESS OR TINGLING.					
PT REQUESTS PEPST. REPORTS THAT HE IS DOING A LITTLE BIT BETTER AND THAT THE COUGHING IS STARTING TO SLOW DOWN. PT IS INDEPENDENT IN HIS ROOM. NO FURTHER CONCERNS.						Cardiovascular Assessment					
Note Type						Description					
No Type						None					
06/25/04 2200	CJR	WILSON, CALI J	06/25/04 2248	CJR	Nurses' Notes	06/25/04 1925 DMJ					
IN TO CHECK ON PT. STATES HE IS HAVING DIFFICULTY FALLING ASLEEP. MEDICATED WITH 10 MG AMBIEN PO PER PT REQUEST TO HELP HIM SLEEP. ALSO, KEFLEX 500 MG ADMINISTERED PO AS ORDERED. STATES PAIN IS STILL 5/10 BUT HEADACHE HAS DECREASED AND MUSCLES ARE STARTING TO STIFFEN UP. REFUSES PAIN MEDS AT THIS TIME. STATES COUGH HAS FINALLY SUBSIDED. DENIES ANY NEEDS. CALL LIGHT WITHIN REACH. ENCOURAGED TO CALL FOR NEEDS/ASSIST PRN. TRYING TO SLEEP AT THIS TIME.						Heart Sounds: NORMAL Rhythm: REGULAR Pulse Quality: STRONG Cap. Refill: <3 SECONDS Edema: Y Edema Location: BOTH LE Cardiovascular Comment: DENIES CHEST PAIN/PRESSURE. NEG HWMAN'S BILATERALLY.					
Note Type						Description					
No Type						None					
06/25/04 2230	DMJ	JORDE, DEANNE M	06/25/04 2320	DMJ	Nurses' Notes	Respiratory Assessment					
CHECKED ON PT. COLLECTED I&O'S. PT RESTING W/REGULAR AND UNLABORED						06/25/04 1910 CJR					
SpO2%: 95						02 Amt. (L/M): 2					

This profile is a part of the PERMANENT PATIENT MEDICAL RECORD

DO NOT DISCARD!!!

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: ADM INO

Attending: Linderman, Catherine, M.D.  
Location: D. SURS  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho RMC

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Printed 06/26/04 at 0527  
Period ending 06/26/04 at 0559

LAST 24 HOURS OF PATIENT CARE

Respiratory Assessment		Invasive Lines			
(continued)	06/25/04 1910 CJR	06/25/04 1925 DMJ			
Oxygen Type:	NC	IV Site:	LT FOREARM		
	06/25/04 1925 DMJ	IV Appearance:	OTHER		
Resp. Rhythm:	REGULAR	IV Comment:	IVL. NO S/S OF INFECTION OR CONCERN.		
Breath Sounds:	CRACKLES	Musculoskeletal Assessment			
Cough:	PRODUCTIVE	06/25/04 1925 DMJ			
Sputum:	PURULENT	Moves all extremities:	Y		
Sputum Color:	RED	Range of Motion:	FULL		
Quality:	TENACIOUS	Musc/Skel Comment:	DENIED DEFICITS. NO OBSERVED DEFICITS.		
Resp Comment:	PT COUGHING UP BRIGHT RED BLOOD R/T SURGERY.	Pain Assessment			
Gastrointestinal Assessment		06/25/04 1925 DMJ			
Abd. Appearance:	FLAT/FIRM	Pain Comment:	PT REPORTS PAIN IN CHEST W/COUGHING REPORTS IT R/T SURGERY.		
Bowel Sounds:	AUDIBLE	06/25/04 1925 DMJ			
Gastro Comment:	DENIES N/V/D.	Pain:	Y		
Genitourinary Assessment		Pain Location:	CHEST AREA		
06/25/04 1925 DMJ		Safety Assessment			
Urination:	NORMAL	06/25/04 1925 DMJ			
Urine Color:	UNASSESSED	Bed Lowest Position/Locked:	Y		
Urine Character:	UNKNOWN	Call Bell within reach:	Y		
Integumentary Assessment		Pt ID Band on:	Y		
06/25/04 1925 DMJ		Call for assistance COB:	Y		
Skin Color:	TAN	Safety Comment:	ENC TO CALL FOR ASSISTANCE PRN.		
Skin Temp:	WARM/DRY	Monogram Initials Name Nurse Type			
Skin Turgor:	ELASTIC	CJR	DMJ	WILSON, CALI J	RN
Skin Integrity:	NOT INTACT	DMJ	DMJ	JOROE, DEANNE M	RN
Wounds/Incisions:	Y				
Dressing Check:	D/I				
Skin Comment:	SEE WOUND NOTES				

Age/Sex: 22 M  
 Unit #: 0000241615  
 Admitted: 06/17/04 at 1910  
 Status: DIS No

Attending: [REDACTED] M.D.  
 # [REDACTED]  
 Location: 01300  
 Room/Bed: 0.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated:  
 Completed:  
 Protocol:

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 at 2104

STS	INIT BY	TRGT	COMP BY	INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS
FALL RISK - MODERATE	D	06/25 MSC							
* Patient will be free from falls.	D	06/25 MSC		* Fall: Instruct prevention/protection + *Pt verbalizes knowledge of fall preven- tion/instruction.	06/25 MSC		06/25 0548	ON ADMISSION AND PRN.	D
<p>EIRMC STANDARDS OF CARE</p> <p>The following STANDARD OF CARE is related to the patient, family and/or significant other.</p> <ol style="list-style-type: none"> <li>1. Patient Care</li> <li>2. Patient Education</li> <li>3. Patient Discharge Planning</li> <li>4. Patient Safety</li> <li>5. Patient Rights</li> </ol> <ol style="list-style-type: none"> <li>1a. The patient will receive care reflecting an ongoing, interdisciplinary process of assessment, problem identification, goal setting, intervention, and evaluation based on his/her specific bio-psychosocial needs and expectations of care.</li> <li>1b. The patient will be involved in the plan of care with attention to age specific needs, cultural and religious beliefs, confidentiality and special communication needs.</li> <li>2. The patient will receive education about the nature of his/her health condition, procedures, treatments, self-care, and post discharge care. Verbalization of questions and concerns will be encouraged. Patient education, which is an interactive, interdisciplinary teaching process is prioritized based on the ongoing assessment or individual learning needs.</li> <li>3. The patient will participate in coordinating resources and establishing priorities in preparation for discharge</li> <li>4. The patient will receive care in an environment that minimizes risk of injury for themselves and others.</li> <li>5. The patient will be supported in his/her effort to retain personal identity, self worth, privacy, and autonomy.</li> </ol> <p>PROTOCOL - 7 NURSE</p>									



Age/Sex: 22 M  
 Unit #: D000241615  
 Admitted: 06/25/04 at 1910  
 Status: DIS INO

Attending: [REDACTED] Marine, M.D.  
 Location: 0.SURG  
 Room/Bed: 0.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated:  
 Completed:  
 Protocol:

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 Printed  
 07/14/04  
 at 2104

STS	INIT BY	TRGT	COMP BY	INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS
				- PROTOCOL - Y AGE 19-40					
				* Patient will demonstrate age appropriate behaviors and skills. Issue: Intimacy vs. Isolation	D	06/25 MSC		* Age Appropriate: Yng Adult 19 to 40 Yrs - PROTOCOL - Y AGE 19-40	D
				PAIN MANAGEMENT	D	06/25 MSC			
				* Patient will report a level of pain no more than 2 out of 10.	D	06/25 MSC		* Pain Assessment/Management + * Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 2 or less	D
						06/25 MSC	06/25 0548	SEE PROTOCOL	
							06/25 0548	Q4H	

ADDITIONAL INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS	SRC
* Admission: Pre-Admit History +	06/23 DGN		06/23 0908	ONCE	D	AS
* Admission: Pre-Admit Assessment +	06/25 MSC		06/25 0528	ONCE	D	AS
* RT: Oxygen Spot Check +	06/26 TJK		06/26 1214	R.T. ONLY	D	PS
* Discharge: Assess/Instruct +	06/26 ATK		06/26 1315	ON DISCHARGE	D	AS
* Discharge instructions will be completed on Nursing Discharge Assessment/Planning form						

Monogram	Initials	Name	Nurse Type
ATK	DNUATK	KUMP, ALAN T	RN
DGN	DNUDGN	WENCZEL, DARLENE G	RN
MSC	DNUMSC	CORBETT, MARILYN S	RN
TJK	DBTTJK	KOFOED, TERESA J	RT

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
# [REDACTED]  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description											
Activity		Occurred		Recorded		Sts Directions		From		Activity		Occurred		Recorded		Sts Directions		From			
Type	Date	Time	by	Date	Time	by	Comment	Documented	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Documented	Units	Change
Activity Date: 06/23/04 Time: 0908										Activity Date: 06/23/04 Time: 0908 (continued)											
MRI Allergies: 06/23 0908 DGW 06/23 0908 DGW										0104-A Admission: Pre-Admit History + (continued)											
Starting Values Last Verified: 02/24/04 2102										Yr: UNK											
MEDICATION: Last Updated: 03/04 0439 KCL										Flu vaccine: N											
MAXALT - MAXALT										Pneumonia vaccine: N											
PCN - PENICILLIN										Medications taken regularly (Prescription, over-the-counter, home remedies): NO											
FOOD: Last Updated: 03/04 0431 NMC										Herbal Preparations: YES											
NKFA - No Known Food Allergies										Have you had any changes in medication in the past 30 days? N											
CONTRAST MEDIA: Last Updated: 03/04 0431 NMC										CURRENT / PAST MEDICAL / SURGICAL HISTORY											
NKCA - No Known Contrast Allergies										RESPIRATORY / LUNGS											
OTHER: Last Updated: 03/04 0431 NMC										: Denies Problems											
NKA - NO KNOWN ALLERGIES (OTHER)										VASCULAR / HEART											
Edited and Verified										: Denies Problems											
MEDICATION: Last Updated: 06/23 0908 DGW										NEUROLOGICAL / BRAIN / SPINAL CORD											
EDIT: MAXALT - MAXALT										: History Of											
FEELS LIKE BUGS UNDER SKIN										GASTROINTESTINAL / BOWEL / DIGESTIVE											
EDIT: PCN - PENICILLIN										: Denies Problems											
REACTION WHEN CHILD										MUSCULOSKELETAL											
0104-A Admission: Pre-Admit History +										: History Of											
- Create 06/23/04 0908 DGW 06/23/04 0922 DGW										ENDOCRINE											
0104-A Admission: Pre-Admit History +										: Denies Problems											
- Document 06/23/04 0908 DGW 06/23/04 0922 DGW										BLOOD											
Reason for admission: SPINAL CORD STIMULATOR										: Denies Problems											
Primary Physician: LINCA Linderman, Catherine, M.D.										PSYCHIATRIC											
Anesthesia: Monitored Anesthesia										: Denies Problems											
Procedure date: 06/25/04										SKIN											
Admit time: 0500										: Denies Problems											
Procedure time: 0700										URINARY / REPRODUCTIVE											
Preadmit Instruct: COME TO 2ND FLOOR ADMISSIONS										: Denies Problems											
NPO Instruct: AFTER 2400										EYES / EARS / NOSE / THROAT											
Phone call by: DNUOGW WENCZEL, DARLENE G										: History Of											
---PERSONAL INFORMATION---										OPERATION PROCEDURES											
Person providing information/receiving instructions: SELF										: History Of											
Primary Language: ENGLISH										ANESTHESIA											
Is an interpreter needed? N										: Denies Problems											
--- ADVANCE DIRECTIVES ---										DENTAL HISTORY											
Living will: Y										: History Of											
Copy on Chart: N										NUTRITION											
Health Care Power of Attorney: Y										Special Diet: REGULAR											
Health Care Power of Attorney (name): TERRY HAYES										Stated weight: 155											
Copy on Chart: N										Height - Feet: 6											
Copy to be brought in by: PATIENT										Inches: 0.0											
Interest expressed in										Recent unplanned weight loss greater than or equal to 10%: N											
(Tissue, Bone, Eyes):										Nausea/vomiting 72 hours or more: N											
Alcohol use: DENIES										Difficulty with											
Tobacco use: DENIES										Chewing: N											
Recreational drug use: DENIES										Swallowing: N											
Treatments: NO										Eating: N											
Immunizations										ADJUSTMENT TO ILLNESS											
Tetanus: Y										Request for Support or Counseling											
										Medical Advocate: N											

Age/Sex: 22 M  
Unit #: 0000241615

Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: [REDACTED] Marine, M.D.

Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description								Diagnosis/Goal/Intervention Description											
Activity				Occurred		Recorded		Sts Directions		Activity				Occurred		Recorded		Sts Directions	
Type	Date	Time	by	Date	Time	by	Comment	Documented	Units	Type	Date	Time	by	Date	Time	by	Comment	Documented	Units
From										From									
Change										Change									
Activity Date: 06/23/04 Time: 0922 (continued)										Activity Date: 06/23/04 Time: 0922 (continued)									
0104-A Admission: Pre-Admit History + (continued) : History Of OPERATION PROCEDURES : History Of ANESTHESIA : Denies Problems DENTAL HISTORY : History Of NUTRITION Special Diet: REGULAR Stated weight: 155 Height - Feet: 6 Inches: 0.0 Recent unplanned weight loss greater than or equal to 10%: N Nausea/vomiting 72 hours or more: N Difficulty with Chewing: N Swallowing: N Eating: N ADJUSTMENT TO ILLNESS Request for Support or Counseling Medical Advocate: N Psychiatric Crisis: N Support Group: N Coping Strategies: N Family Issues: N Work Issues: N Pastoral Care: N Social Work: N Financial Counseling: N DISCHARGE / DISPOSITION Living Arrangement - Patient lives in: HOUSE SELF CARE No Problems/Issues: N PATIENT LIVES WITH Parent(s): Y Name of person: TERI LYN CHENOWETH Phone number: 524-0749 Other contact info: 552-0237 Name of Medication Dose and Frequency / Last Taken : SCULLCAP PRN : MIGRAQUEL PRN Back pain: Y Difficulty with balance: Y Dizziness: Y Frequent headaches: Y Neck pain: Y Numbness: Y Severe headaches: Y Tingling of arm/leg: B										0104-A Admission: Pre-Admit History + (continued) Weakness: Y Comments: NUMBNESS, TINGLING AND WEAKNESS IN BIL ARMS AT TIMES Arthritis: Y Fracture: Y Comments: FX-JAW, BONE IN RIGHT FOOT, RIB Females Glasses: Y List all surgeries and approximate dates: TRIAL SPINAL CORD STIMULAR-2004, : RADIO FREQUENCY ON NECK X2-2003 Other: CROWN Activity Date: 06/25/04 Time: 0529 MRI Allergies: 06/25 0528 MSC 06/25 0528 MSC Starting Values Last Verified: 06/23/04 0908 MEDICATION: Last Updated: 06/23 0908 DGM MAXALT - MAXALT FEELS LIKE BUGS UNDER SKIN PCN - PENICILLIN REACTION WHEN CHILD FOOD: Last Updated: 03/04 0431 NMC NKFA - No Known Food Allergies CONTRAST MEDIA: Last Updated: 03/04 0431 NMC NKCA - No Known Contrast Allergies OTHER: Last Updated: 03/04 0431 NMC NKA - NO KNOWN ALLERGIES (OTHER) Verified 0115 Admission: Pre-Admit Assessment + A ONCE AS - Create 06/25/04 0528 MSC 06/25/04 0548 MSC 0115 Admission: Pre-Admit Assessment + A ONCE AS - Document 06/25/04 0528 MSC 06/25/04 0548 MSC == ADMISSION ASSESSMENT == Date: 06/25/04 Time: 0450 Mode of Arrival: AMBULATORY Temperature: 95.4 Temp Source: TYM Pulse: 80 Pulse Source: API Respirations: 14 Resp Source: OBS Blood Pressure: 127/67 BP Source: ARM-L SaO2% on RA: 96 Height - Feet: 5 Inches: 10.5 Cm: 179.07 Weight - Lb: 162 Kg: 73.48									

444

EDM 06/25/04

Printed 07/14/04 at 2104

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Liodagan Catherine, M.D.  
Account #:   
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description						Diagnosis/Goal/Intervention Description					
Activity Type	Occurred Date	Recorded Time	Directions by	Documented Comment	From Change	Activity Type	Occurred Date	Recorded Time	Directions by	Documented Comment	From Change

Activity Date: 06/25/04 Time: 0548 (continued)

0115 Admission: Pre-Admit Assessment + (continued)  
--- GENITOURINARY ---  
Urine clear and yellow to amber in color; No frequency, burning or urgency.  
Within Defined Parameters? Yes  
--- INTEGUMENTARY ---  
Skin warm/dry and intact; Color typical for patient; Skin turgor elastic.  
Within Defined Parameters? Yes  
--- PSYCHOSOCIAL ---  
Affect appropriate for situation; Cooperative, responds appropriately; Maintains appropriate eye contact.  
Within Defined Parameters? Yes  
--- PAIN ---  
Pain: Y  
Pain Scale (0-10): 4  
Pain in recent past? Y  
Pain Comment: PT. VERBALIZED UNDERSTANDING, USE OF PAIN SCALE.  
--- ULCER ---  
Partial Thickness or Greater: N  
Wounds/Incisions: N  
Pressure ulcer(s) present on admit: N  
--- SAFETY/RISK ---  
Isolation: STANDARD  
IV: Y  
---FALL RISK ASSESSMENT---  
Mental Status: 0 Not Altered  
Sensory Preceptual Status: 3 Altered  
Physical Mobility Status: 0 Not Altered  
Elimination Status: 0 Not Altered  
Recent History of Falls: 0 None the past 3 months  
Patient's Age: 0 Under 65 years of age  
Total Score: 3  
Fall Risk Screening: 3-6 Moderate  
--- BRADEN SCALE ---  
Sensory Perception: 3  
Moisture: 4  
Activity: 3  
Mobility: 4  
Nutrition: 4  
Friction and Shear: 3  
Total Score: 21  
--- INSTRUCTIONS ---  
EXPLAINED the following: Intercom, bed controls, TV, visiting policy, using the telephone, calling for assistance in and OOB.  
REVIEWED the following: Unit routines, pain management rights, patient rights, patient handbook and location of bathroom.  
ENSURE the following: Bed in lowest position and locked.

Activity Date: 06/25/04 Time: 0548 (continued)

0115 Admission: Pre-Admit Assessment + (continued)  
patient responsible for valuables, call bell is within reach, top side rails are up.  
Exceptions to above: N  
Valuables: GLASSES /C BELONGINGS, WALLET /C MOTHER  
Add Hospital Standards to Care Plan: YES  
Age group: YA  
Enter Surgical List: Y  
Pager/Other Contact Number: MOTHER, TERRILYN CHENOWETH IN WR.  
Adm. Hx Comment: COPY OF LIVING WILL ON CHART. PT. SIGNED CONSENT. HE REPORTS THAT HE  
Adm. Cmt Cont: IS NPO. ANCEP GM. 1 IVPB SENT TO OR /C PT.  
Pupil Size Lt. Eye: 5  
nm  
Pupil Size Rt. Eye: 5  
nm  
Neuro Comment: PUPILS ARE SLOW TO REACT TO LIGHT. PT. STATES THAT LIGHT  
Neuro Comment Cont: MAKES HIS HEADACHE WORSE. CHRONIC HEADACHE/ AND NECK.  
Musc/Skel Comment: PT. HAS HAD PAIN IN NECK, HEADACHES FOR SEVERAL YEARS.  
Musc/Skel Comment Cont: SOME INTERMITTANT PAIN, NUMBNESS OF ARMS.  
Last BM: 06/24/04  
Pain Level Goal: 2  
Pain treatments which work: PT. STATES THAT MEDICATIONS HAVE NOT REALLY SEEMED TO HELP.  
: SCULLCAP PRN LD: ABT. WK AGO  
: MIGRAQUEL PRN LD: ABT. WK AGO  
: SKELAXIN PRN LD: 2-3 WK AGO  
: MOTRIN 800 MG. PRN  
OPERATIVE/INVASIVE CHECKLIST  
ID Band on patient and correct: Y  
Patient verbalized procedure: Y  
Site marked with patient assist: N  
Procedure consent complete: Y  
NPO instruction given: Y  
Clothing removed: Y  
History and Physical on chart: N  
Voided or cathed: Y  
INDICATE AS APPROPRIATE  
DISPOSITION  
Glasses: Yes  
: /C BELONGINGS.  
Personal items: WALLET  
: /C MOTHER.  
IV patent and extension tubing attached: Yes  
ACTIVE TIME OUT  
Select the FILE AND PRINT option when complete and use the the profile PRECHECK  
Staff will OBSERVE the following  
Are any injuries visible? N  
If yes, you must answer the following three questions  
Is person accompanying patient reluctant to leave and answers all questions directed to patient? N  
Is there denial or minimizing of injuries by patient or person accompanying

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman Catherine, M.D.  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description									Diagnosis/Goal/Intervention Description																									
Activity			Occurred		Recorded		Sts		Directions	From			Activity			Occurred		Recorded		Sts		Directions	From											
Type	Date	Time	by	Date	Time	by	Comment	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Units	Change					
Activity Date: 06/25/04 Time: 1910									Activity Date: 06/25/04 Time: 1925 (continued)																									
1701000	VS: Monitor +						A	Q4H	CP	1070000	Daily/Shift Assessment + (continued)																							
	*VS will be monitored and documented as ordered.																																	
- Document	06/25/04	1910	CJR	06/25/04	2243	CJR																												
Blood Pressure: 109/67																																		
BP Source: DIN																																		
Temperature: 97.6																																		
Temp Source: ORL																																		
Pulse: 96																																		
Pulse Source: DIN																																		
Respirations: 22																																		
Resp Source: OBS																																		
SpO2%: 95																																		
RA or O2: O2																																		
O2 Amt.(L/M): 2																																		
Oxygen Type: NC																																		
Patient Notes: Nurses' Notes																																		
- Create	06/25/04	1910	CJR	06/25/04	2244	CJR																							PT ADMITTED TO ROOM 344 FROM DAY SURGERY AT THIS TIME. RN ASSESSMENT COMPLETED AND CHARTED AND VITAL SIGNS TAKEN BY STORIE, RN AT THIS TIME.					
Note Type Description																																		
No Type None																																		
Activity Date: 06/25/04 Time: 1925																																		
1070000	Daily/Shift Assessment +						A	.00/QS AND PRN.	CP	1070000	Daily/Shift Assessment + (continued)																							
- Document	06/25/04	1925	DMJ	06/25/04	2315	DMJ																							frequency/consistency/color					
--- NEUROLOGICAL ---																																		
Alert, Oriented x 3; Denies sensory changes (no numbness, tingling or loss of sensation);																																		
motion equal and strong bilaterally; Intact facial symmetry;																																		
pupils equal and reactive to																																		
light.																																		
Within Defined Parameters? Yes - With Comment																																		
--- RESPIRATORY ---																																		
Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion																																		
symmetrical; no excessive sputum.																																		
Within Defined Parameters? Yes - With Comment																																		
--- CARDIOVASCULAR ---																																		
Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to																																		
2 seconds; No peripheral edema.																																		
Within Defined Parameters? Yes - With Comment																																		
--- MUSCULOSKELETAL ---																																		
No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.																																		
Within Defined Parameters? Yes - With Comment																																		
--- GASTROINTESTINAL ---																																		
Abdomen soft, non-tender; Bowel sounds present; stool																																		
within patient's typical pattern; No excessive flatulence, decreased appetite;																																		
No nausea or vomiting; Oral mucosa pink/moist.																																		
Within Defined Parameters? Yes - With Comment																																		
--- GENITOURINARY ---																																		
Urine clear and yellow to amber in color; No frequency, burning or urgency.																																		
Within Defined Parameters? Yes - With Comment																																		
--- INTEGUMENTARY ---																																		
Skin warm/dry and intact; Color typical for patient; Skin turgor elastic.																																		
Within Defined Parameters? Yes - With Comment																																		
--- PSYCHOSOCIAL ---																																		
Affect appropriate for situation; Cooperative, responds appropriately; Maintains																																		
appropriate eye contact.																																		
Within Defined Parameters? Yes - With Comment																																		
--- PAIN ---																																		
New Reports of Pain: Y																																		
Pain Comment: PT REPORTS PAIN IN CHEST W/COUGHING REPORTS IT R/T SURGERY.																																		
--- INVASIVE LINES ---																																		
IV Site: LT FOREARM																																		
IV Appearance: OTHER																																		
IV Comment: IVL, NO S/S OF INFECTION OR CONCERN.																																		
Review Interdisciplinary Problems/Goals: Y																																		
Enter Problem 1: Altered Comfort																																		
Enter Goal 1: PT WILL BE COMFORTABLE BY TOLERATING FLUIDS & DECREASING COUGHING THIS																																		
Goal 1 cont: EVENINGS SHIFT.																																		
Enter Problem 2: Potential for Bleeding																																		
Enter Goal 2: PT WILL BE MONITORED FOR BLOODY SPUTUM.																																		
Assessment Completed/Reviewed By RN: Y																																		
Time 1925																																		
WND 1 Location: POSTERIOR CERVICAL																																		
Wound Type: FULL THICKNESS																																		
Drainage Amt: NONE																																		
Drainage Type: NONE																																		
Odor: N																																		
WND 1 Comment: NO OBSERVABLE DRAINAGE OR SHADOWS.																																		
WND 2 Location: UPPER SPINE																																		
Wound Type: FULL THICKNESS																																		
Drainage Amt: NONE																																		
Drainage Type: NONE																																		
Odor: N																																		
WND 2 Comment: SMALL AMOUNT OF SHADOW VISIBLE.																																		
WND 3 Location: LOWER LEFT BACK																																		
Wound Type: FULL THICKNESS																																		
Drainage Amt: NONE																																		
Drainage Type: NONE																																		
Odor: N																																		

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted: 06/25/04 at 1910  
Status: DIS'INO

Attending: Linderman Catherine, M.D.  
Location: 0 SURG  
Room/Bed: 0.344-A

STRONG, THOMAS LEE

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Activity		Occurred		Recorded		Sts Directions		From		Activity		Occurred		Recorded		Sts Directions		From			
Type	Date	Time	by	Date	Time	by	Comment	Documented	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Documented	Units	Change
Activity Date: 06/25/04 Time: 1925										Activity Date: 06/25/04 Time: 2200											
Patient Notes: Nurses' Notes										Patient Notes: Nurses' Notes											
- Create 06/25/04 1925 CJR 06/25/04 2246 CJR										- Create 06/25/04 2200 CJR 06/25/04 2248 CJR											
IN TO SEE PT AT THIS TIME. PT IS AWAKE/ALERT. COUGHING UP BRIGHT RED BLOOD. NO CHANGE FROM DAY SURGERY. UNABLE TO QUIT COUGHING AT THIS TIME. PROVIDED WITH TISSUES AT BEDSIDE. RATES PAIN 5/10 BUT DENIES NEEDING PAIN PILLS. ASSESSED DRESSINGS TO BACK AT THIS TIME. TWO OUT OF FOUR DRESSINGS D/I. 1 UPPER BACK DRESSING WITH SMALL SHADOW OF DRAINAGE. LOWER LEFT BACK DRESSING WITH LARGE AMOUNT OF DRAINAGE SEEN THROUGH TAPE. PT DENIES NAUSEA EXCEPT FOR WITH CONTINUOUS COUGHING. RN ASSESSMENT COMPLETED AND CHARTED BY DIDI, GRADUATE NURSE AT THIS TIME. PT DENIES ANY NEEDS. ORIENTED TO ROOM AND FLOOR ROUTINE AND ENCOURAGED TO CALL FOR NEEDS/ASSIST PRN. CALL LIGHT WITHIN REACH.										IN TO CHECK ON PT. STATES HE IS HAVING DIFFICULTY FALLING ASLEEP. MEDICATED WITH 10 MG AMBIEN PO PER PT REQUEST TO HELP HIM SLEEP. ALSO, KEFLEX 500 MG ADMINISTERED PO AS ORDERED. STATES PAIN IS STILL 5/10 BUT HEADACHE HAS DECREASED AND MUSCLES ARE STARTING TO STIFFEN UP. REFUSES PAIN MEDS AT THIS TIME. STATES COUGH HAS FINALLY SUBSIDED. DENIES ANY NEEDS. CALL LIGHT WITHIN REACH. ENCOURAGED TO CALL FOR NEEDS/ASSIST PRN. TRYING TO SLEEP AT THIS TIME.											
Note Type Description										Note Type Description											
No Type None										No Type None											
Patient Notes: Nurses' Notes										Patient Notes: Nurses' Notes											
- Create 06/25/04 1925 DMJ 06/25/04 2318 DMJ										- Create 06/25/04 2230 DMJ 06/25/04 2320 DMJ											
IN TO ASSESS PT. PT SITTING ON BED. PINK BASIN PRESENT W/PT COUGHING AND SPITTING BRIGHT RED SPUTUM INTO BASIN. PT REPORTS MINIMAL PAIN IN CHEST W/COUGHING SPELLS. VSS. DENIES NEEDS.										CHECKED ON PT. COLLECTED I&O'S. PT RESTING W/REGULAR AND UNLABORED RESPIRATIONS. HOB IS ELEVATED AND NO NEW BLOODY SPUTUM OBSERVED IN PINK BASIN. NO FURTHER CONCERNS.											
Note Type Description										Note Type Description											
No Type None										No Type None											
Activity Date: 06/25/04 Time: 2100										Activity Date: 06/25/04 Time: 2359											
Patient Notes: Nurses' Notes										Patient Notes: Nurses' Notes											
- Create 06/25/04 2100 DMJ 06/25/04 2319 DMJ										- Create 06/25/04 2359 DMJ 06/26/04 0000 DMJ											
PT REQUESTS PEPSI. REPORTS THAT HE IS DOING A LITTLE BIT BETTER AND THAT THE COUGHING IS STARTING TO SLOW DOWN. PT IS INDEPENDENT IN HIS ROOM. NO FURTHER CONCERNS.										UNKNOWN IF IV FLUSHED AT 1600. PT NOT IN THIS DEPARTMENT AT THIS TIME.											
Note Type Description										Note Type Description											
No Type None										No Type None											
Activity Date: 06/25/04 Time: 2159										Activity Date: 06/26/04 Time: 0800											
1702000 I&O: Monitor + A .SEE PROTOCOL CP										1701000 VS: Monitor + A Q4H CP											
*I&O will be monitored and documented as ordered.										*VS will be monitored and documented as ordered.											
- Document 06/25/04 2159 DMJ 06/25/04 2315 DMJ										- Document 06/26/04 0800 MBA 06/26/04 1024 MBA											
<> BASIC INTAKE <>										Blood Pressure: 113/57											
Intake, qs: Y										BP Source: DIN											
<> BASIC OUTPUT <>										Temperature: 96.2											
Output, qs: Y										Temp Source: ORL											
<> COMPLEX INTAKE <>										Pulse: 101											
==Legend==										Pulse Source: DIN											
qs = Quantity Sufficient										Respirations: 24											
<> COMPLEX OUTPUT <>										Resp Source: OBS											
										SpO2: 96											
										RA or O2: RA											

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Liederman Catherine, M.D.  
Accol: [REDACTED]  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity Type	Occurred Date	Recorded Time by	Recorded Date	Time by	Comment	Sts Documented	Directions Units	From Change		Activity Type	Occurred Date	Recorded Time by	Recorded Date	Time by	Comment	Sts Documented	Directions Units	From Change	
Activity Date: 06/26/04 Time: 0900 (continued)										Activity Date: 06/26/04 Time: 1100									
<p>1070000 Daily/Shift Assessment + (continued) Pupils: PERRL Moves all extremities: Y Grip Rt: STRONG Grip Lt: STRONG Numbness: NONE Speech: NORMAL Neuro Comment: DENIES NUMBNESS OR TINGLING. Resp. Rhythm: REGULAR Breath Sounds: DIMINISH Cough: NONE Resp Comment: PT SAYS HE IS MUCH BETTER THAN YESTERDAY, DIMINISHED Resp. Comment Cont: BREATHSOUNDS BILATERALLY. Heart Sounds: NORMAL Rhythm: REGULAR Juglar Venous Distention: N Pulse Quality: STRONG Location: RADIAL Cap. Refill: &lt;3 SECONDS Cardiovascular Comment: DENIES CHEST PAIN/PRESSURE. NEG HOMAN'S BILATERALLY. Abd. Appearance: FLAT/FIRM Bowel Sounds: AUDIBLE NG Tube: N Gastro Comment: DENIES NAUSEA AND HAS GOOD APPETITE THIS AM. Urination: NORMAL Urine Color: UNASSESSED Urine Character: UNKNOWN Genitourinary Comment: DENIES PAIN UPON URINATION Skin Color: TAN Skin Temp: WARM/DRY Skin Turgor: ELASTIC Skin Integrity: NOT INTACT Dressing Check: D/I Skin Comment: SEE WOUND NOTES Cooperative: Y Affect: CALM Neuro-Psych Comment: PLEASANT &amp; APPROPRIATE.</p>										<p>1549026 Pain Assessment/Management + A Q4H CP *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures. - Document 06/26/04 1100 MBA 06/26/04 1303 MBA Pain: Y Pain Scale (0-10): 5 Pain Location: BACK, AND RIBS. Non-Verbal Behaviors: N PCA pump: N Epidural/Spinal Narcotics: N Pain Level Goal: 2 Pain treatments which work: PT. STATES THAT MEDICATIONS HAVE NOT REALLY SEEMED TO HELP. (Note precipitating or relieving factors, quality, onset, duration) Comment: PT NEEDS MED PRIOR TO DISCHARGE THIS AFTERNOON. Alt. Comfort Measures Used: N Medications Given: N</p>									
Activity Date: 06/26/04 Time: 1000										Activity Date: 06/26/04 Time: 1200									
<p>Patient Notes: Nurses' Notes - Create 06/26/04 1000 MBA 06/26/04 1337 MBA  PT RESTING IN BED. ATE MOST OF BREAKFAST. RATING PAIN 5/10. REFUSES PAIN MEDS AT THIS TIME. Note Type Description No Type None</p>										<p>Patient Notes: Nurses' Notes - Create 06/26/04 1200 MBA 06/26/04 1339 MBA  PT WATCHING TV. RESTING IN BED. HAS BEEN UP AND TO THE BR. DENIES NEED FOR PAIN MED NOW. POSSIBLY BEFORE DISCHARGE. Note Type Description No Type None</p>									
Activity Date: 06/26/04 Time: 1214										Activity Date: 06/26/04 Time: 1304									
<p>2036205 RT: Oxygen Spot Check + A .R.T. ONLY PS - Create 06/26/04 1214 TJK 06/26/04 1214 TJK 2036205 RT: Oxygen Spot Check + A .R.T. ONLY PS - Document 06/26/04 1214 TJK 06/26/04 1214 TJK Billable? Y SpO2: 93 O2 Amt.(L/M): RA Oxygen Type: ROOM AIR New Oxygen Delivery Type/Equipment: Spot Check</p>										<p>1702000 180: Monitor + A .SEE PROTOCOL CP *180 will be monitored and documented as ordered. - Document 06/26/04 1304 MBA 06/26/04 1305 MBA &lt;&gt; BASIC INTAKE &lt;&gt;</p>									

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FORM 5.66



Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1810  
Status: DIS INO

Attending: Linderman Catherine, M.D.  
#:  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Sts Directions					From	
Activity	Occurred	Recorded	Sts		Directions					Documented				From		
Type	Date	Time by	Date	Time by	Comment	Units				Units			Change			
Activity Date: 06/26/04 Time: 1315 (continued)																
4750208 Discharge: Assess/Instruct + (continued) Follow-Up Appointment MON. JUNE 27 @ 10:00 AM AS SCHEDULED WITH DR. LINDERMAN. CHEST X RAY AS SCHEDULED @ 9:00 AM BEFORE SEEING DR. LINDERMAN. Update/Review Discharge Needs: N Sent Home with all Bedside Belongings: Y Print medications for discharge: N Food/Drug interactions reviewed: Y Printed discharge instructions given to patient/caregiver: Y Special/Other Instructions OXYCODONE TAKE AS DIRECTED KEFLEX TAKE AS DIRECTED. Discharge To Home: Home or Self Care/Routine																
Activity Date: 06/26/04 Time: 1335																
Diagnosis: FALL RISK - MODERATE D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Patient will be free from falls. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Diagnosis: EIRMC STANDARDS OF CARE D The following STANDARD OF CARE is related to the patient, family and/or significant other.  1. Patient Care 2. Patient Education 3. Patient Discharge Planning 4. Patient Safety 5. Patient Rights  1a. The patient will receive care reflecting an ongoing, interdisciplinary process of assessment, problem identification, goal setting, intervention, and evaluation based on his/her specific bio-psychosocial needs and expectations of care.  1b. The patient will be involved in the plan of care with attention to age specific needs, cultural and religious beliefs, confidentiality and special communication needs.  2. The patient will receive education about the nature of his/her health condition, procedures, treatments, self-care, and post discharge care. Verbalization of questions and																

Diagnosis/Goal/Intervention Description										Sts Directions					From	
Activity	Occurred	Recorded	Sts		Directions					Documented				From		
Type	Date	Time by	Date	Time by	Comment	Units				Units			Change			
Diagnosis: EIRMC STANDARDS OF CARE (continued) concerns will be encouraged. Patient education, which is an interactive, interdisciplinary teaching process is prioritized based on the ongoing assessment or individual learning needs.																
3. The patient will participate in coordinating resources and establishing priorities in preparation for discharge.																
4. The patient will receive care in an environment that minimizes risk of injury for themselves and others.																
5. The patient will be supported in his/her effort to retain personal identity, self worth, privacy, and autonomy.																
- Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Has reduced risk of complications as evidenced by early detection of symptoms and appropriate interventions. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Appropriate daily care treatments and services will be provided to maintain/regain optimal health status. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Participates in treatments/therapy establishes realistic goals. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Patient/family will communicate measures to promote and maintain health. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Procedures and environment will be controlled to reduce risk of injury as age appropriate. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: An interdisciplinary team will meet and plan the patient's care as appropriate for the patient's needs. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Goal: Discharge to appropriate level of care with physician follow-up and referral as appropriate. D - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D Diagnosis: AGE APPROPRIATE GUIDELINES: 19-40 YEARS D Based on Erikson's eight stages of development. Issue: Intimacy vs. Isolation - Ed Status 06/26/04 1335 his 06/26/04 1335 his A => D																

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted: 06/25/04 at 1910  
Status: OIS INO

Attending: Linderman, Catherine, M.D.  
Account # [REDACTED]  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description							Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Time by	Sts	Directions Documented Units	From Change		Activity Type	Occurred Date	Recorded Time by	Sts	Directions Documented Units	From Change	
Activity Date: 06/26/04 Time: 1335							Activity Date: 06/26/04 Time: 1335						
Goal: Patient will demonstrate age appropriate behaviors and skills. Issue: Intimacy vs. Isolation			D				2036205	RT: Oxygen Spot Check +		A	R.T. ONLY	PS	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	QD AND PRN.	CP	
Diagnosis: PAIN MANAGEMENT			D				2148000	Compliance: Monitor +		A	QD AND PRN.	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	QD AND PRN.	CP	
Goal: Patient will report a level of pain no more than 2 out of 10.			D				2175200	Family: Participate +		A	QD AND PRN.	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	SEE PROTOCOL	CP	
0104-A Admission: Pre-Admit History +			A	ONCE	AS		2300025	Age Appropriate: Yng Adult 19 to 40 Yrs		A	SEE PROTOCOL	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	MON, WED, FRI	CP	
0115 Admission: Pre-Admit Assessment +			A	ONCE	AS		2509001	Fall Risk Assessment +		A	MON, WED, FRI	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	PRN	CP	
1070000 Daily/Shift Assessment +			A	QD/QS AND PRN.	CP		2516600	Notify: Physician +		A	PRN	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	QS	CP	
1508270 Daily Care: Provide +			A	QD & PRN	CP		2520535	Isolation/Precautions: Standard +		A	QS	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	QS	CP	
1549026 Pain Assessment/Management +			A	Q4H	CP		2525110	Safety Rounds +		A	QS	CP	
*Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures.							- Ed Status 06/26/04 1335 his 06/26/04 1335 his			A	PRN	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		3764025	Diet: Food Intake, Monitor and Record +		A	PRN	CP	
1549026 Pain Assessment/Management +			A	Q4H	CP		- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
*Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 2 or less.							4129500	IV: Insertion/Monitor +		A	PRN	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
1572300 Weight: Obtain +			A	SEE PROTOCOL	CP		4136800	Meds: Effectiveness/Side Effects, Monitor +		A	30-60 MIN AFTER MED ADMIN & PRN	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		*Reassess medication effectiveness for pain medications 30 to 60 minutes after administration.						
1701000 VS: Monitor +			A	Q4H	CP		- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
*VS will be monitored and documented as ordered.							4580800	Skin: Braden Scale +		A	MON, WED, FRI	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
1701575 Bowel Movement: Monitor +			A	PRN	CP		4750206	Discharge: Assess/Instruct +		A	ON DISCHARGE	AS	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.						
1702000 I&O: Monitor +			A	SEE PROTOCOL	CP		- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
*I&O will be monitored and documented as ordered.							4750209	Discharge: Instructions +		A	ON DISCHARGE	CP	
- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D		*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.						
							- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
							4750224	Education: Interdisciplinary Record +		A	PRN	CP	
							- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
							4811040	Fall: Instruct prevention/protection +		A	ON ADMISSION AND PRN.	CP	
							*Pt verbalizes knowledge of fall prevention/instruction.						
							- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	
							8101001-C	Interdisciplinary: Team Care Conference +		A	PRN	CP	
							- Ed Status 06/26/04 1335 his 06/26/04 1335 his					A => D	

Age/Sex: 22 M Attending: Linderman, Catherine, M.D.  
 Unit #: 0000241615 Account #: XXXXXXXXXX  
 Admitted: 06/25/04 at 1910 Location: D.SURG  
 Status: DIS INO Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description								Diagnosis/Goal/Intervention Description							
Activity Type	Occurred Date	Recorded Time	by	Time	by	Comment	Units	Activity Type	Occurred Date	Recorded Time	by	Time	by	Comment	Units
From	Directions	Documented	Change	From	Directions	Documented	Change	From	Directions	Documented	Change	From	Directions	Documented	Change
Activity Date: 06/26/04 Time: 1304 (continued)								Activity Date: 06/26/04 Time: 1307							
1702000	I&O: Monitor + (continued)							4129500	IV: Insertion/Monitor +	A	PRN				CP
Oral: 550								- Document	06/26/04 1307 MBA	06/26/04 1307 MBA					
<> BASIC OUTPUT <>								IV Site: LT FOREARM							
<> COMPLEX INTAKE <>								IV Pump: N							
---Legend---								IV Insert Comment: LOCKED.							
qs = Quantity Sufficient								4136800	Meds: Effectiveness/Side Effects Monitor A	.30-60 MIN	AFTER MED ADMIN & CP				
<> COMPLEX OUTPUT <>								*Reassess medication effectiveness for							
								pain medications 30 to 60 minutes after							
								administration.							
Activity Date: 06/26/04 Time: 1305								- Document	06/26/04 1307 MBA	06/26/04 1308 MBA					
2148000	Compliance: Monitor +						CP	Meds effectiveness: EFFECTIVE ENOUGH FOR PAIN							
- Document	06/26/04 1305 MBA	06/26/04 1305 MBA						Has patient had an adverse drug event this shift? N							
Pt. Compliance: COMPLIANT								--- TYPE <SHIFT> F8 FOR ON-LINE DESCRIPTION ---							
2175200	Family: Participate +						CP	Please briefly describe event below							
- Document	06/26/04 1305 MBA	06/26/04 1306 MBA						Treatment / Action Taken							
Family participation: AT BEDSIDE								Activity Date: 06/26/04 Time: 1315							
4811040	Fall: Instruct prevention/protection +						CP	4750208	Discharge: Assess/Instruct +	A	.ON DISCHARGE				AS
*Pt verbalizes knowledge of fall prevention/instruction.								*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.							
- Document	06/26/04 1305 MBA	06/26/04 1305 MBA						- Create	06/26/04 1315 ATK	06/26/04 1321 ATK					
Activity Date: 06/26/04 Time: 1306								4750208	Discharge: Assess/Instruct +	A	.ON DISCHARGE				AS
2300025	Age Appropriate: Yng Adult 19 to 40 Yrs						CP	*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.							
- Document	06/26/04 1306 MBA	06/26/04 1306 MBA						- Document	06/26/04 1315 ATK	06/26/04 1321 ATK					
2520535	Isolation/Precautions: Standard +						CP	Date of Discharge: 06/26/04							
- Document	06/26/04 1306 MBA	06/26/04 1306 MBA						Time of Discharge: 1315							
2525110	Safety Rounds +						CP	Last Assessment Completed							
- Document	06/26/04 1306 MBA	06/26/04 1306 MBA						Mode of Discharge: WHEELCHAIR							
Bed Lowest Position/Locked: Y								Primary Admit Dx/Reason: SPINAL CORD STIMULATOR							
Top Side Rails Up: Y								Pressure ulcer(s) present on admit: N							
Pt ID Band on: Y								Pressure ulcer(s) present on discharge: N							
Call for assistance CCB: Y								Discharge Category: Discharge To Home or HHS							
Call Bell within reach: Y								(Press Shift & F8 For Help)							
Safety Comment: ENC TO CALL FOR ASSISTANCE PRN.								Name of Hospital/Agency/DME Provider: HOME - SELF CARE							
3764025	Diet: Food Intake, Monitor and Record +						CP	Discharge Disposition: HQM							
*Food Intake will be monitored and documented.								Accompanied at D/C by: SPOUSE							
- Document	06/26/04 1306 MBA	06/26/04 1306 MBA						Pain Scale (0-10): 3							
=== NUTRITION ===								Pain goal met: Y							
NPO: N								Fall Risk Screening: 3-6 Moderate							
% Breakfast Taken: 80								Diet: REG							
Diet: REG								JCAHO Core Measure: None							
% Lunch Taken: 75								Exercise or Special Limits:							
Diet: REG								. WALKING IS GOOD							
								ICE PACK TO NECK AND BACK.							
								Dressing, Treatment, Special Equipment:							
								Call Doctor's Office If:							
								. INCREASE IN PAIN, PROBLEMS OR QUESTIONS.							

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Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description						Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Time	Sts Directions Documented Comment	From Change		Activity Type	Occurred Date	Recorded Time	Sts Directions Documented Comment	From Change		
Activity Date: 06/26/04 Time: 0800						Activity Date: 06/26/04 Time: 0900 (continued)						
Patient Notes: Nurses' Notes - Create 06/26/04 0800 MBA 06/26/04 1335 MBA  PT WATCHING CARTOONS. RATING PAIN 5/10. DENIES N&V. REFUSES PAIN MED AT THIS TIME.  Note Type Description No Type None						1070000 Daily/Shift Assessment + (continued) Within Defined Parameters? Yes - With Comment --- PAIN --- New Reports of Pain: N Pain Comment: RATES PAINS/10 ---INVASIVE LINES--- IV Site: LT FOREARM IV Appearance: OTHER IV Comment: IVL NO S/S OF INFECTION OR CONCERN. Review Interdisciplinary Problems/Goals: Y Review Problem 1: Altered Comfort Review Goal 1: PT WILL BE COMFORTABLE BY TOLERATING FLUIDS & DECREASING COUGHING THIS Review Goal 1: EVENINGS SHIFT. Resolved? Y Review Problem 2: Potential for Bleeding Review Goal 2: PT WILL BE MONITORED FOR BLOODY SPUTUM. Resolved? Y Assessment Completed/Reviewed By RN: Y Time 1301 WND 1 Location: POSTERIOR CERVICAL Wound Type: FULL THICKNESS Drainage Amt: NONE Drainage Type: NONE Odor: N WND 1 Comment: NO OBSERVABLE DRAINAGE NOTED. WND 2 Location: UPPER SPINE Wound Type: FULL THICKNESS Drainage Amt: NONE Drainage Type: NONE Odor: N WND 2 Comment: SMALL AMOUNT OF BLOODY DRAINAGE NOTED. WND 3 Location: LOWER LEFT BACK Wound Type: FULL THICKNESS Drainage Amt: NONE Drainage Type: NONE Odor: N WND 3 Comment: NO OBSERVABLE DRAINAGE. WND 4 Location: LEFT GLUTEAL Wound Type: FULL THICKNESS Drainage Amt: MODERATE Drainage Type: BLOODY Odor: N WND 4 Comment: RED DRAINAGE OBSERVED, BUT DRY. Pupil Size Lt. Eye: 5 Pupil Size Rt. Eye: 5 Eye Opening: 4 Best Verbal Response: 5 Best Motor Response: 6 Glasgow Coma Score: 15 Oriented To: TIMES 3 LOC: AWAKE/ALER						
1070000 Daily/Shift Assessment + - Document 06/26/04 0900 MBA 06/26/04 1301 MBA --- NEUROLOGICAL --- Alert. Oriented x 3; Denies sensory changes (no numbness, tingling or loss of sensation); motion equal and strong bilaterally; Intact facial symmetry; pupils equal and reactive to light. Within Defined Parameters? Yes - With Comment --- RESPIRATORY --- Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion symmetrical; no excessive sputum. Within Defined Parameters? Yes - With Comment --- CARDIOVASCULAR --- Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to 2 seconds; No peripheral edema. Within Defined Parameters? Yes - With Comment --- MUSCULOSKELETAL --- No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness. --- GASTROINTESTINAL --- Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color within patient's typical pattern; No excessive flatulence, decreased appetite; No nausea or vomiting; Oral mucosa pink/moist. Within Defined Parameters? Yes - With Comment --- GENITOURINARY --- Urine clear and yellow to amber in color; No frequency, burning or urgency. Within Defined Parameters? Yes - With Comment --- INTEGUMENTARY --- Skin warm/dry and intact; Color typical for patient; Skin turgor elastic. Within Defined Parameters? Yes - With Comment --- PSYCHOSOCIAL --- Affect appropriate for situation; Cooperative, responds appropriately; Maintains appropriate eye contact.						A .CD/OS AND PRN. CP						

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Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity		Occurred		Recorded		Sts Directions		From		Activity		Occurred		Recorded		Sts Directions		From	
Type	Date	Time	by	Date	Time	by	Comment	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Units	Change
Activity Date: 06/25/04 Time: 1925 (continued)										Activity Date: 06/25/04 Time: 1925 (continued)									
1070000 Daily/Shift Assessment + (continued) WND 3 Comment: NO OBSERVABLE DRAINAGE OR SHADOWS. WND 4 Location: LEFT GLUTEAL Wound Type: FULL THICKNESS Drainage Amt: MODERATE Drainage Type: BLOODY Odor: N WND 4 Comment: RED DRAINAGE OBSERVED, THOUGH BANDAGE IS NOT SATURATED. Pupil Size Lt. Eye: 5 Pupil Size Rt. Eye: 5 Eye Opening: 4 Best Verbal Response: 5 Best Motor Response: 6 Glasgow Coma Score: 15 Oriented To: TIMES 3 LOC: AWAKE/ALER Pupils: PERRL Moves all extremities: Y Grip Rt: STRONG Grip Lt: STRONG Numbness: NONE Speech: NORMAL Neuro Comment: DENIES NUMBNESS OR TINGLING. Resp. Rhythm: REGULAR Breath Sounds: CRACKLES Cough: PRODUCTIVE Sputum: PURULENT Sputum Color: RED Quality: TENACIOUS Resp Comment: PT COUGHING UP BRIGHT RED BLOOD R/T SURGERY. Heart Sounds: NORMAL Rhythm: REGULAR Juglar Venous Distention: N Edema: Y Edema Location: BOTH LE Pulse Quality: STRONG Location: RADIAL Cap. Refill: <3 SECONDS Cardiovascular Comment: DENIES CHEST PAIN/PRESSURE. NEG HOMAN'S BILATERALLY. Range of Motion: FULL Musc/Skel Comment: DENIED DEFICITS. NO OBSERVED DEFICITS. Abd. Appearance: FLAT/FIRM Bowel Sounds: AUDIBLE Gastro Comment: DENIES N/V/D. Urination: NORMAL Urine Color: UNASSESSED Urine Character: UNKNOWN Genitourinary Comment: DENIES DYSURIA. Skin Color: TAN Skin Temp: WARM/DRY Skin Turgor: ELASTIC										1070000 Daily/Shift Assessment + (continued) Skin Integrity: NOT INTACT Dressing Check: D/I Skin Comment: SEE WOUND NOTES Cooperative: Y Affect: CALM Neuro-Psych Comment: PLEASANT & APPROPRIATE. 1549026 Pain Assessment/Management + A Q4H CP *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures. - Document 06/25/04 1925 DMJ 06/25/04 2316 DMJ Pain: Y Pain Location: CHEST AREA Non-Verbal Behaviors: N PCA pump: N Epidural/Spinal Narcotics: N Pain Level Goal: 2 Pain treatments which work: PT. STATES THAT MEDICATIONS HAVE NOT REALLY SEEMED TO HELP. (Note precipitating or relieving factors, quality, onset, duration) Comment: PT REPORTS THAT HIS BACK/NECK DOESN'T HURT TOO BAD, HIS CHEST HURTS Cmt Cont: FROM COUGHING. 2148000 Compliance: Monitor + A .QD AND PRN. CP - Document 06/25/04 1925 DMJ 06/25/04 2316 DMJ Pt. Compliance: COMPLIANT 2175200 Family: Participate + A .QD AND PRN. CP - Document 06/25/04 1925 DMJ 06/25/04 2316 DMJ Family participation: NO FAMILY 2300025 Age Appropriate: Yng Adult 19 to 40 Yrs A .SEE PROTOCOL CP - Document 06/25/04 1925 DMJ 06/25/04 2317 DMJ 2520535 Isolation/Precautions: Standard + A QS CP - Document 06/25/04 1925 DMJ 06/25/04 2317 DMJ 2525110 Safety Rounds + A QS CP - Document 06/25/04 1925 DMJ 06/25/04 2316 DMJ Bed Lowest Position/Locked: Y Top Side Rails Up: Y Pt ID Band on: Y Call for assistance OOB: Y Call Bell within reach: Y Safety Comment: ENC TO CALL FOR ASSISTANCE PRN. 4811040 Fall: Instruct prevention/protection + A .ON ADMISSION AND PRN. CP *Pt verbalizes knowledge of fall prevention/instruction. - Document 06/25/04 1925 DMJ 06/25/04 2303 DMJ									

Age/Sex: 22 M  
Unit #: D000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Location: D.SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description							Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Date	Time by	Time by	Sts Directions Comment	From Units Change	Activity Type	Occurred Date	Recorded Date	Time by	Time by	Sts Directions Comment	From Units Change
Activity Date: 06/25/04 Time: 0548 (continued)							Activity Date: 06/25/04 Time: 0548						
0115	Admission: Pre-Admit Assessment + (continued)						2516500	Notify: Physician +					
patient? N							- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A PRN	CP
Does patient appear embarrassed, evasive, anxious or depressed? N							2520535	Isolation/Precautions: Standard +					
Does patient express fear of returning home and safety of self or any children? N							- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A QS	CP
1070000	Daily/Shift Assessment +						2525110	Safety Rounds +					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .QD/QS AND PRN.	CP	- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A QS	CP
1508270	Daily Care: Provide +						3754025	Diet: Food Intake. Monitor and Record +					
	*Document specific care given.							*Food Intake will be monitored and documented.					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .QD & PRN	CP	- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A PRN	CP
1549025	Pain Assessment/Management +						4129500	IV: Insertion/Monitor +					
	*Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures.						- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A PRN	CP
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A Q4H	CP	4136800	Meds: Effectiveness/Side Effects. Monitor					
1549025	Pain Assessment/Management +							*Reassess medication effectiveness for pain medications 30 to 60 minutes after administration.					
	*Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 2 or less.						- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .30-60 MIN AFTER MED ADMIN & PRN	CP
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A Q4H	CP	4580800	Skin: Braden Scale +					
1572300	Weight: Obtain +						- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .MON. WED. FRI	CP
	Weight will be obtained and monitored as ordered.						4750209	Discharge: Instructions +					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .SEE PROTOCOL	CP		*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.					
1701000	VS: Monitor +						- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .ON DISCHARGE	CP
	*VS will be monitored and documented as ordered.						4750224	Education: Interdisciplinary Record +					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A Q4H	CP	- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A PRN	CP
1701575	Bowel Movement: Monitor +						4811040	Fall: Instruct prevention/protection +					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .SEE PROTOCOL	CP		*Pt verbalizes knowledge of fall prevention/instruction.					
1702000	I&O: Monitor +						- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .ON ADMISSION AND PRN.	CP
	*I&O will be monitored and documented as ordered.						8101001-C	Interdisciplinary: Team Care Conference +					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A Q4H	CP	- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A PRN	CP
2148000	Compliance: Monitor +						Activity Date: 06/25/04 Time: 1402						
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .QD AND PRN.	CP	MRI Allergies:	06/25 1402 CJM	06/25 1402 CJM				
2175200	Family: Participate +						Starting Values	Last Verified: 06/25/04 0548					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .QD AND PRN.	CP	MEDICATION:	Last Updated: 06/23 0908 OGW					
2300025	Age Appropriate: Yng Adult 19 to 40 Yrs							MAXALT - MAXALT					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .SEE PROTOCOL	CP		FEELS LIKE BUGS UNDER SKIN					
2509001	Fall Risk Assessment +							PCN - PENICILLIN					
- Create	06/25/04 0548 MSC	06/25/04 0548 MSC			A .MON. WED. FRI	CP		REACTION WHEN CHIL0					
							FOOD:	Last Updated: 03/04 0431 NMC					
								NKFA - No Known Food Allergies					
							CONTRAST MEDIA:	Last Updated: 03/04 0431 NMC					
								NKCA - No Known Contrast Allergies					
							OTHER:	Last Updated: 03/04 0431 NMC					
								NKA - NO KNOWN ALLERGIES (OTHER)					
							Verified						

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Location: D. SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
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Diagnosis/Goal/Intervention Description							Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Time	By	Time	Sts Directions Documented Comment	From Units Change	Activity Type	Occurred Date	Recorded Time	By	Time	Sts Directions Documented Comment	From Units Change
Activity Date: 06/25/04 Time: 0548							Activity Date: 06/25/04 Time: 0548 (continued)						
Goal: Participates in treatments/therapy establishes realistic goals.							0115 Admission: Pre-Admit Assessment + (continued)						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Time: 0450						
Goal: Patient/family will communicate measures to promote and maintain health.							Mode of Arrival: AMBULATORY						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Temperature: 95.4						
Goal: Procedures and environment will be controlled to reduce risk of injury as age appropriate.							Temp Source: TYM						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Pulse: 80						
Goal: An interdisciplinary team will meet and plan the patient's care as appropriate for the patient's needs.							Pulse Source: API						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Respirations: 14						
Goal: Discharge to appropriate level of care with physician follow-up and referral as appropriate.							Resp Source: OBS						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Blood Pressure: 127/67						
Diagnosis: AGE APPROPRIATE GUIDELINES: 19-40 YEARS Based on Erikson's eight stages of development.							BP Source: ARM-L						
Issue: Intimacy vs. Isolation							SaO2% on RA: 96						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Height - Feet: 5						
Goal: Patient will demonstrate age appropriate behaviors and skills. Issue: Intimacy vs. Isolation							Inches: 10.5						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Cm: 179.07						
Diagnosis: PAIN MANAGEMENT							Weight - Lb: 162						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Kg: 73.48						
Goal: Patient will report a level of pain no more than 2 out of 10.							Wt Source: STANDING						
- Create 06/25/04 0548 MSC 06/25/04 0548 MSC							Body Frame: MEDIUM						
MRI Allergies: 06/25 0548 MSC 06/25 0548 MSC							BMI: 22.9						
Starting Values Last Verified: 06/25/04 0528							IBW (kg): 256.279						
MEDICATION: Last Updated: 06/23 0908 DGW							IBW %: 28.00						
MAXALT - MAXALT							Review pt meds: Y						
FEELS LIKE BUGS UNDER SKIN							--- NEUROLOGICAL ---						
PCN - PENICILLIN							Alert. Oriented x 3: Denies sensory changes (no numbness, tingling or loss of sensation);						
REACTION WHEN CHILD							motion equal and strong bilaterally; Intact facial symmetry;						
FOOD: Last Updated: 03/04 0431 NMC							pupils equal and reactive to light.						
NKFA - No Known Food Allergies							Within Defined Parameters? No - Comment Required						
CONTRAST MEDIA: Last Updated: 03/04 0431 NMC							--- RESPIRATORY ---						
NKCA - No Known Contrast Allergies							Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion						
OTHER: Last Updated: 03/04 0431 NMC							symmetrical; no excessive sputum.						
NKA - NO KNOWN ALLERGIES (OTHER)							Within Defined Parameters? Yes						
Verified							--- CARDIOVASCULAR ---						
0115 Admission: Pre-Admit Assessment +							Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to						
- Document 06/25/04 0548 MSC 06/25/04 0550 MSC							2 seconds; No peripheral edema.						
ADMISSION ASSESSMENT ---							Within Defined Parameters? Yes						
Date: 06/25/04							--- MUSCULOSKELETAL ---						
							No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.						
							Within Defined Parameters? No - Comment Required						
							--- GASTROINTESTINAL ---						
							Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color						
							within patient's typical pattern; No excessive flatulence, decreased appetite;						
							No nausea or vomiting; Oral mucosa pink/moist.						
							Within Defined Parameters? Yes - With Comment						

Age/Sex: 22 M  
Unit #: 0000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Account # [REDACTED]  
Location: D. SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity										Activity									
Occurred										Occurred									
Recorded										Recorded									
Documented										Documented									
Units										Units									
Change										Change									
Activity Date: 06/25/04										Activity Date: 06/25/04									
Time: 0528 (continued)										Time: 0528 (continued)									

Activity Date: 06/25/04 Time: 0528 (continued)

Activity Date: 06/25/04 Time: 0528 (continued)

0115 Admission: Pre-Admit Assessment + (continued)

Wt Source: STANDING

Body Frame: MEDIUM

BMI: 22.9

IBW (kg): 256.279

IBW %: 28.00

Review pt meds: Y

--- NEUROLOGICAL ---

Alert, Oriented x 3; Denies sensory changes (no numbness, tingling or loss of sensation); motion equal and strong bilaterally; Intact facial symmetry; pupils equal and reactive to light.

Within Defined Parameters? No - Comment Required

--- RESPIRATORY ---

Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion symmetrical; no excessive sputum.

Within Defined Parameters? Yes

--- CARDIOVASCULAR ---

Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to 2 seconds; No peripheral edema.

Within Defined Parameters? Yes

--- MUSCULOSKELETAL ---

No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.

Within Defined Parameters? No - Comment Required

--- GASTROINTESTINAL ---

Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color

within patient's typical pattern; No excessive flatulence, decreased appetite;

No nausea or vomiting; Oral mucosa pink/moist.

Within Defined Parameters? Yes - With Comment

--- GENITOURINARY ---

Urine clear and yellow to amber in color; No frequency, burning or urgency.

Within Defined Parameters? Yes

--- INTEGUMENTARY ---

Skin warm/dry and intact; Color typical for patient; Skin turgor elastic.

Within Defined Parameters? Yes

--- PSYCHOSOCIAL ---

Affect appropriate for situation; Cooperative, responds appropriately; Maintains appropriate eye contact.

Within Defined Parameters? Yes

--- PAIN ---

Pain: Y

Pain Scale (0-10): 4

0115 Admission: Pre-Admit Assessment + (continued)

Pain in recent past? Y

Pain Comment: PT. VERBALIZED UNDERSTANDING, USE OF PAIN SCALE.

--- ULCER ---

Partial Thickness or Greater: N

Wounds/Incisions: N

Pressure ulcer(s) present on admit: N

--- SAFETY/RISK ---

Isolation: STANDARD

IV: Y

--- FALL RISK ASSESSMENT ---

Mental Status: 0 Not Altered

Sensory Preceptual Status: 3 Altered

Physical Mobility Status: 0 Not Altered

Elimination Status: 0 Not Altered

Recent History of Falls: 0 None the past 3 months

Patient's Age: 0 Under 65 years of age

Total Score: 3

Fall Risk Screening: 3-6 Moderate

--- BRADEN SCALE ---

Sensory Perception: 3

Moisture: 4

Activity: 3

Mobility: 4

Nutrition: 4

Friction and Shear: 3

Total Score: 21

--- INSTRUCTIONS ---

EXPLAINED the following: Intercom, bed controls, TV,

visiting policy, using the telephone,

calling for assistance in and out of room.

REVIEWED the following: Unit routines, pain management

rights, patient rights, patient

handbook and location of bathroom.

ENSURE the following: Bed in lowest position and locked,

patient responsible for valuables,

call bell is within reach, top side rails are up.

Exceptions to above: N

Valuables: GLASSES /C BELONGINGS, WALLET /C MOTHER

Add Hospital Standards to Care Plan: YES

Age group: YA

Enter Surgical List: Y

Pager/Other Contact Number: MOTHER, TERRILYN CHENOWETH IN WR.

Pupil Size Lt. Eye: 5

mm

Pupil Size Rt. Eye: 5

mm

Neuro Comment: PUPILS ARE SLOW TO REACT TO LIGHT. PT. STATES THAT LIGHT

Neuro Comment Cont: MAKES HIS HEADACHE WORSE. CHRONIC HEADACHE/ AND NECK.

Musc/Skel Comment: PT. HAS HAD PAIN IN NECK, HEADACHES FOR SEVERAL YEARS.

Musc/Skel Comment Cont: SOME INTERMITTANT PAIN, NUMBNESS OF ARMS.

457

EDM 674



Age/Sex: 22 M  
Unit #: 0000241615  
Admitted: 06/25/04 at 1910  
Status: DIS INO

Attending: Linderman Catherine, M.D.

Location: D SURG  
Room/Bed: D.344-A

STRONG, THOMAS LEE

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description								Diagnosis/Goal/Intervention Description							
Activity Type	Occurred Date	Recorded Time	Sts by	Directions Documented Comment	From Change	Activity Type	Occurred Date	Recorded Time	Sts by	Directions Documented Comment	From Change				
Activity Date: 06/23/04 Time: 0908 (continued)						Activity Date: 06/23/04 Time: 0922 (continued)									
0104-A Admission: Pre-Admit History + (continued) Psychiatric Crisis: N Support Group: N Coping Strategies: N Family Issues: N Work Issues: N Pastoral Care: N Social Work: N Financial Counseling: N DISCHARGE / DISPOSITION Living Arrangement - Patient lives in: HOUSE SELF CARE No Problems/Issues: N PATIENT LIVES WITH Parent(s): Y Name of person: TERI LYN CHENOWETH Phone number: 524-0749 Other contact info: 552-0237 Name of Medication Dose and Frequency / Last Taken : SCULLCAP PRN : MIGRAQUEL PRN Back pain: Y Difficulty with balance: Y Dizziness: Y Frequent headaches: Y Neck pain: Y Numbness: Y Severe headaches: Y Tingling of arm/leg: B Weakness: Y Comments: NUMBNESS, TINGLING AND WEAKNESS IN BIL ARMS AT TIMES Arthritis: Y Fracture: Y Comments: FX-JAW, BONE IN RIGHT FOOT, RIB Females Glasses: Y List all surgeries and approximate dates: TRIAL SPINAL CORD STIMULAR-2004. : RADIO FREQUENCY ON NECK X2-2003 Other: CROWN						0104-A Admission: Pre-Admit History + (continued) NPO Instruct: AFTER 2400-FOLLOW DR. LINDERMAN'S INSTRUCTIONS Phone call by: DNUDGW WENCZEL, DARLENE G ---PERSONAL INFORMATION--- Person providing information/receiving instructions: SELF Primary Language: ENGLISH Is an interpreter needed? N --- ADVANCE DIRECTIVES --- Living will: Y Copy on Chart: N Health Care Power of Attorney: Y Health Care Power of Attorney (name): TERRY HAYES Copy on Chart: N Copy to be brought in by: PATIENT Interest expressed in (Tissue, Bone, Eyes): Alcohol use: DENIES Tobacco use: DENIES Recreational drug use: DENIES Treatments: NO Immunizations Tetanus: Y Yr: UNK Flu vaccine: N Pneumonia vaccine: N Medications taken regularly (Prescription, over-the-counter, home remedies): NO Herbal Preparations: YES Have you had any changes in medication in the past 30 days? N CURRENT / PAST MEDICAL / SURGICAL HISTORY RESPIRATORY / LUNGS : Denies Problems VASCULAR / HEART : Denies Problems NEUROLOGICAL / BRAIN / SPINAL CORD : History Of GASTROINTESTINAL / BOWEL / DIGESTIVE : Denies Problems MUSCULOSKELETAL : History Of ENDOCRINE : Denies Problems BLOOD : Denies Problems PSYCHIATRIC : Denies Problems SKIN : Denies Problems URINARY / REPRODUCTIVE : Denies Problems EYES / EARS / NOSE / THROAT									
Activity Date: 06/23/04 Time: 0922															
0104-A Admission: Pre-Admit History + - Document 06/23/04 0922 DGW 06/23/04 0923 DGW Reason for admission: SPINAL CORD STIMULATOR Anesthesia: Monitored Anesthesia Procedure date: 06/25/04 Admit time: 0500 Procedure time: 0700 Preadmit Instruct: COME TO 2ND FLOOR ADMISSIONS						A ONCE AS									

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[illegible]

Date	Time	Nurses Notes
6-26	0000	PT asleep in bed. Spine with HOB elevated 30°. Respirations even. PT awakens to stimulus. States 4/10 pain. States it is tolerable and denies need for pain med. Ronchi heard in bases, greater in left lung. States onset yesterday. PT coughs bloody sputum. PT instructed to call for needs or pain pills. K. Brown RN
	0200	PT asleep lying supine. Respirations even and unlabored. HOB 30°. IV flushed with 2mL NS. IVL patent and without signs of infection. K. Brown RN
	0315	PT calls nurse. States 6/10 pain. States he would like a pain pill. PT given 5mg Oxycodone. PT instructed to call in 20 minutes if pain isn't relieved for another tab of Oxycodone. PT states back is warm and tender. DSG D/E. 2 DSG's on back. PT sitting up in Bed. K. Brown RN
	0400	PT states pain is decreased but head and neck still hurts. PT laying on side to relieve back pressure. PT denies further needs fresh water provides. PT encouraged to call for assistance. K. Brown RN
	0600	PT calls nurse. Asks for assistance with bandage on neck. Bandage reinforced. Denies further needs. F. Brown RN
	0645	PT asleep. Lying on R side. DSG D/E. PT states it hurts to lie on his back. NK in place. F. Brown RN

NSG DN NO	DAILY SHIFT ASSESSMENT	DATE <u>June 26, 2004</u>		
		TIME		
	<b>NEUROLOGICAL</b> Normal: alert, oriented to person, place, time; follows commands; speech clear.	✓		
	<b>CARDIOVASCULAR</b> Normal: heart rhythm regular; peripheral pulses 2+ bilaterally; no edema; capillary refill brisk.	✓		
	<b>RESPIRATORY</b> Normal: regular, unlabored, symmetrical; no abnormal breath sounds.	Pinkish left + 100% bloody sputum		
	<b>GASTROINTESTINAL</b> Normal: abd soft; bowel sounds positive all 4 quadrants; no N/V, diarrhea, or constipation.	BM Thursday		
	<b>MUSCULOSKELETAL</b> Normal: full ROM of all joints; no muscle weakness; steady balance and gait; handgrips equal.	limited pain in back		
	<b>GENITOURINARY</b> Normal: voiding without difficulty; clear urine and no bladder distention.	✓		
	Patient voiding QS per attempts.			
	<b>INTEGUMENTARY</b> Normal: warm, dry, intact; capillary elastic; oral cavity moist and intact.	abd: Pinkish		
	<b>PSYCHOSOCIAL</b> Verbal & nonverbal behavior appropriate to current hospitalization / illness.	✓		
	<b>WOUND</b> No pain, edema, ↑ temp, redness, or hardening.	Flushing well Patient		
	1: Left Forearm Look			
	2: _____	✓		
	<b>INITIALS</b>	KB		

NSG DN NO	PHYSICIAN / NURSING ORDERS	DATE <u>June 26, 2004</u>		
		TIME		
	<b>NEUROVASCULAR</b> ✓ CRT < 2 sec; perceives touch; pulse present; warm, pink, moves extremities; no swelling.	✓		
	<b>PAIN ASSESSMENT</b> Initial / relief Intensity 0 - 10 Describe:	4/10		
	<b>INCISION / WOUND</b> ✓ = no drainage, redness, ↑ temp, or tenderness in surrounding tissue. dressing ✓.	✓		
	<b>ACTIVITY:</b> ✓ = Tolerated well.	limited pain		
	<b>SAFETY</b> ✓ d Q 2 hrs; call light in reach with side rails up. (note if SO at bedside)	✓		
	<b>INITIALS</b>	KB		

Eastern Idaho  
Regional Medical  
Center

MED / NEURO

D = DEFERRED  
• = SEE NURSES NOTES  
→ = UNCHANGED FROM PREVIOUS ASSESSMENT  
✓ = AGREED WITH STATED NORMAL ASSESSMENT

CHECKLIST		24	02	04	06	08	10	12	14	16	18	20	22
HYGIENE	Complete Bath												
	Partial												
	Self												
	Tub												
	Shower												
	Shave												
	Shampoo												
	Oral Care												
	Peri Care												
	Catheter Care												
AM / HS Care													
ACTIVITY	Bed Rest	✓											
	Turn / Position												
	Dangle												
	Commode												
	BRP												
	Chair												
	Ambulate ✓												
Up ad lib													



06/26/04  
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MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

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DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 161lb 15.9oz (73.480kg) HT: 5ft10.5in (179.1cm) BSA: 1.91m2  
AGE: 22 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 135.03 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: D000241615 D.SURG  
ACCT #: D00310663059

D.344-A

STRONG, THOMAS LEE

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/26/04 TO 2359 06/26/04 START/STOP 0000 - 0759 | 0800 - 1559 | 1600 - 2359

MORPHINE SULFATE (MORPHINE SULFATE)  
1 MG-1 ML (0.5 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 0303997B  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

\*\*\*\* DISCONTINUED 06/26/04-1335

MORPHINE SULFATE (MORPHINE SULFATE)  
2 MG-1 ML (1 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 03039979  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

\*\*\*\* DISCONTINUED 06/26/04-1335

MORPHINE SULFATE (MORPHINE SULFATE)  
3 MG-1 ML (0.75 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 03039980  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

\*\*\*\* DISCONTINUED 06/26/04-1335

\*\*\*\*\* CONTINUE ON PAGE 2 \*\*\*\*\*

\* = Meds not given  
REASON CODES

USER NAME AND TYPE

INIT

USER NAME AND TYPE

INIT

INJECTION SITES

06/26/04  
1335

MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

PAGE: 2

DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 161lb 15.9oz (73.480kg) HT: 5ft10.5in (179.1cm) BSA: 1.91m2  
AGE: 22 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 135.03 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: D000241615 D.SURG  
ACCT #: D00310663059

D.344-A

STRONG, THOMAS LEE

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/26/04 TO 2359 06/26/04 START/STOP | 0000 - 0759 | 0800 - 1559 | 1600 - 2359

NS (Bacteriostat) (NS FLUSH)  
10 ML (1 Flush) INTRAVEN. AS NEEDED  
COMMENTS: \* Saline Flush. Contains Bacteriostat Benzyl  
Alcohol, DO NOT administer to new borns \*  
RX #: 03039769  
\*\*\*\* DISCONTINUED 06/26/04-1335

06/25/04

OXYCODONE HCL (OXYIR 5 MG CAPSULE IR)  
5 MG (1 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED  
COMMENTS: Take with food or milk to avoid stomach upset.  
RX #: 03039770  
Pain Scale (0-10):  
\*\*\* FLOOR STOCK ITEM \*\*\*  
\*\*\*\* DISCONTINUED 06/26/04-1335

06/25/04

0315 KIB DT  
6  
0345 KIB DT  
5

OXYCODONE HCL (OXYIR 5 MG CAPSULE IR)  
10 MG (2 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED  
COMMENTS: Take with food or milk to avoid stomach upset.  
RX #: 03039771  
Pain Scale (0-10):  
\*\*\* FLOOR STOCK ITEM \*\*\*  
\*\*\*\* DISCONTINUED 06/26/04-1335

06/25/04

1327 MBA  
6

\*\*\*\*\* CONTINUE ON PAGE 3 \*\*\*\*\*

\* = Meds not given

REASON CODES

DT - DOWNTIME

INJECTION SITES

USER NAME AND TYPE

INIT

USER NAME AND TYPE

INIT

BROWNE, KIMBERLEE RN

KIB

BARKER, MALINDA RN

MBA

06/26/04  
0647

MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

PAGE: 1

DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 161lb 15.9oz (73.480kg) HT: 5ft10.5in (179.1cm) BSA: 1.91m2  
AGE: 22 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 135.03 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: 0000241615 D.SURG  
ACCT #: 000310663059 D.344-A

STRONG, THOMAS LEE

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/26/04 TO 2359 06/26/04 START/STOP| 0000 - 0759 | 0800 - 1559 | 1600 - 2359

MORPHINE SULFATE (MORPHINE SULFATE)  
1 MG-1 ML (0.5 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 03039978  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

MORPHINE SULFATE (MORPHINE SULFATE)  
2 MG-1 ML (1 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 03039979  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

MORPHINE SULFATE (MORPHINE SULFATE)  
3 MG-1 ML (0.75 SYRINGE) INTRAVEN. EVERY HOUR AS NEEDED FOR  
COMMENTS: \*\*\*\*\*  
\* MEDICATION ALERT: VERIFY \*  
\* PATIENT, MEDICATION AND DOSE \*  
\*\*\*\*\*  
IV ADMINISTRATION OVER 4-5 MINUTES  
RX #: 03039980  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

NS (Bacteriostat) (NS FLUSH)  
10 ML (1 Flush) INTRAVEN. AS NEEDED  
COMMENTS: \* Saline Flush. Contains Bacteriostat Benzyl  
Alcohol. DO NOT administer to new borns \*  
RX #: 03039769

06/25/04

\*\*\*\*\* CONTINUE ON PAGE 2 \*\*\*\*\*

\* = Meds not given  
REASON CODES

USER NAME AND TYPE

INIT

USER NAME AND TYPE

INIT

INJECTION SITES



06/26/04  
0647

MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

PAGE: 2

DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 161lb 15.9oz (73.480kg) HT: 5ft10.5in (179.1cm) BSA: 1.91m2  
AGE: 22 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 135.03 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: 0000241615 D.SURG  
ACCT #: 000310663059

D.344-A

STRONG, THOMAS LEE

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/26/04 TO 2359 06/26/04 START/STOP: 0000 - 0759 | 0800 - 1559 | 1600 - 2359

NS (Bacteriostat) (NS FLUSH)  
10 ML (1 Flush) INTRAVEN. AS NEEDED  
COMMENTS: \* Saline Flush. Contains Bacteriostat Benzyl  
Alcohol. DO NOT administer to new borns \*  
RX #: 03039773

06/25/04

OXYCODONE HCL (OXYIR 5 MG CAPSULE IR)

06/25/04

0315 KIB DT  
6  
0345 KIB DT  
5

5 MG (1 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED  
COMMENTS: Take with food or milk to avoid stomach upset.  
RX #: 03039770

Pain Scale (0-10):  
\*\*\* FLOOR STOCK ITEM \*\*\*

OXYCODONE HCL (OXYIR 5 MG CAPSULE IR)  
10 MG (2 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED  
COMMENTS: Take with food or milk to avoid stomach upset.  
RX #: 03039771  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

OXYCODONE HCL (OXYIR 5 MG CAPSULE IR)  
5 MG (1 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED  
COMMENTS: Take with food or milk to avoid stomach upset.  
RX #: 03039774  
\*\*\* FLOOR STOCK ITEM \*\*\*

06/25/04

\*\*\*\*\* CONTINUE ON PAGE 3 \*\*\*\*\*

\* = Meds not given  
REASON CODES  
DT - DOWNTIME

USER NAME AND TYPE

INIT

USER NAME AND TYPE

INIT

BROWNE, KIMBERLEE RN

KIB

INJECTION SITES

06/26/04  
0647

MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

PAGE: 3

DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 161lb 15.9oz (73.480kg) HT: 5ft10.5in (179.1cm) BSA: 1.91m2  
AGE: 22 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 135.03 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: D000241615 D. SURG  
ACCT #: D00310663059 0.344-A

STRONG, THOMAS LEE

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/26/04 TO 2359 06/26/04		START/STOP	0000 - 0759	0800 - 1559	1600 - 2359
OXYCODONE HCL (OXYIR 5 MG CAPSULE IR) 10 MG (2 IR.CAPSULE) ORAL EVERY 2-3 HOURS AS NEEDED COMMENTS: Take with food or milk to avoid stomach upset. RX #: 03039775 *** FLOOR STOCK ITEM ***		06/25/04			
ZOLPIDEM TARTRATE (AMBIEN) 10 MG (1 TABLET) ORAL AT BEDTIME AS NEEDED COMMENTS: AVOID ALCOHOL. RX #: 03039977 *** FLOOR STOCK ITEM ***		06/25/04			
CEPHALEXIN (AKA KEFLEX) 500 MG (1 CAPSULE) ORAL 3 TIMES A DAY COMMENTS: TAKE 1 HOUR BEFORE OR 2 HOURS AFTER MEALS. RX #: 03039779		06/25/04 07/25/04		0900 1500	2100
NS (Bacteriostat) (NS FLUSH) 10 ML (1 Flush) INTRAVEN. EACH SHIFT RX #: 03039768		06/25/04	0000	0800	1600
NS (Bacteriostat) (NS FLUSH) 10 ML (1 Flush) INTRAVEN. EACH SHIFT RX #: 03039772		06/25/04	0000 0023 KIB DT 3 ML 1	0800	1600
Total number of lumens flushed:					

\*\*\*\*\* CONTINUE ON PAGE 4 \*\*\*\*\*

	USER NAME AND TYPE	INIT	USER NAME AND TYPE	INIT
* = Meds not given REASON CODES DT - DOWNTIME INJECTION SITES	BROWNE, KIMBERLEE RN	KIB		

Eastern IDAHO Network PCI \* LIVE \*  
VITALS SIGNS AND I&O SUMMARY

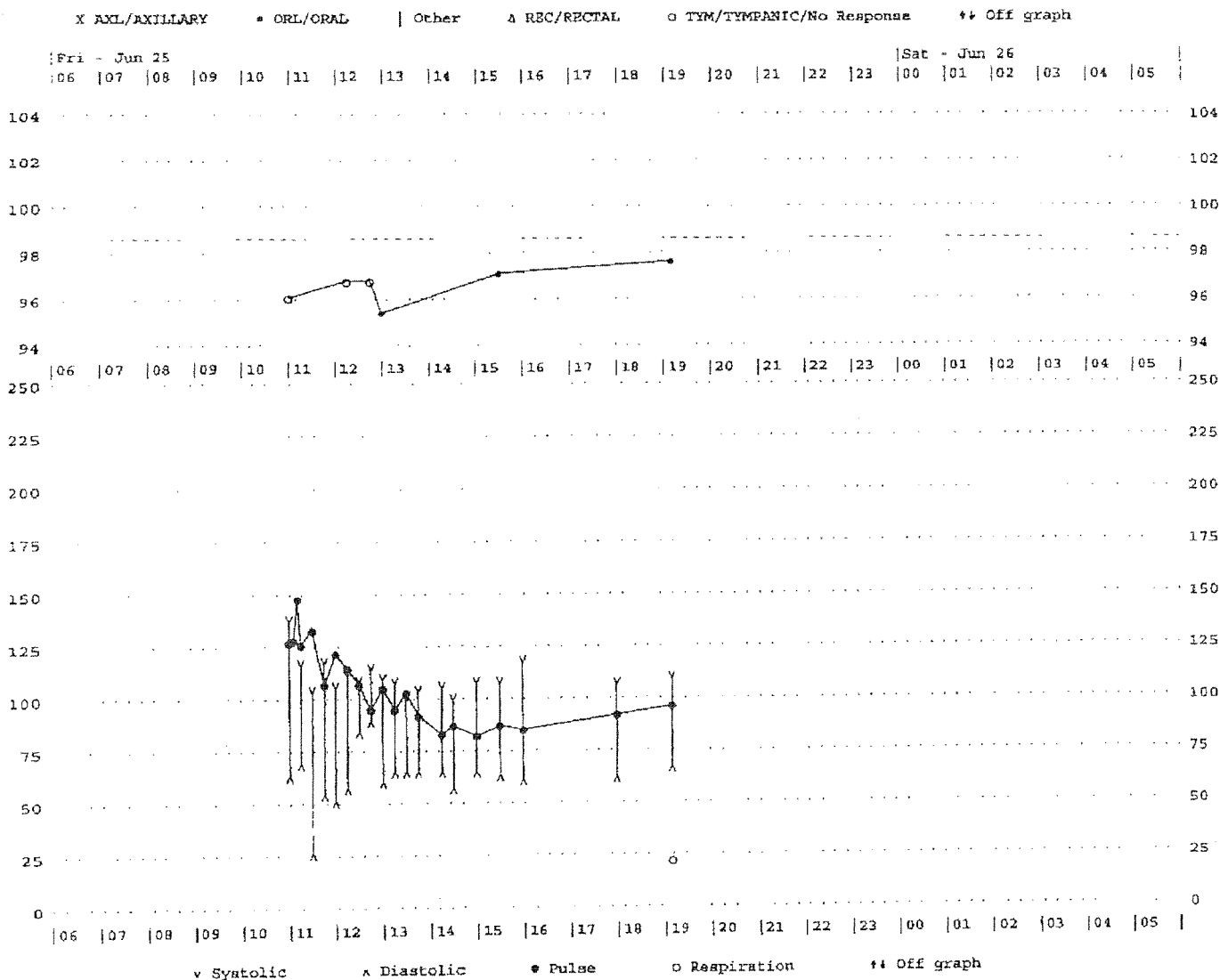
STRONG, THOMAS LEE (D000241615)

24 hours

Age/Sex: 22 M

from Jun 25, 04 0600 to Jun 26, 04 0600

Room D SURG D.344 A (Admitted Jun 25, 04) <OBSERVATION pt>



Vital Signs

Date	Time	Temp Src	Pulse Src	Resp Src	B.P. Src	kq Src
Jun 25, 04	1100	96.1 TYM	127		137/63 ARM	
Jun 25, 04	1105		128			
Jun 25, 04	1110		148			
Jun 25, 04	1115		126		116/69	
Jun 25, 04	1130		133		103/26	
Jun 25, 04	1145		107		117/54	
Jun 25, 04	1200		122		105/51	
Jun 25, 04	1215	96.8 TYM	115		111/57	
Jun 25, 04	1230		107		108/84	
Jun 25, 04	1245	96.8 TYM	95		114/89	

Run: Sat - Jun 26 (05:32) for BROWN, KIMBERLEE

- More -

Page: 1

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Eastern IDAHO Network PCI \* LIVE \*  
VITALS SIGNS AND I&O SUMMARY

STRONG, THOMAS LEE (D000241615)

24 hours

Age/Sex: 22 M

from Jun 25, 04 0600 to Jun 26, 04 0600

Room D.SURG D.344 A (Admitted Jun 25, 04) <OBSERVATION pt>

Vital Signs

Date	Time	Temp Src	Pulse Src	Resp Src	B.P. Src	kg Src
Jun 25, 04	1300	95.4 ORL	105		109/60 ARM	
Jun 25, 04	1315		95		107/65 ARM	
Jun 25, 04	1330		103		99/65 ARM	
Jun 25, 04	1345		92		103/65 ARM	
Jun 25, 04	1415		83		105/65 ARM	
Jun 25, 04	1430		87		99/57 ARM	
Jun 25, 04	1500		82		107/65 ARM	
Jun 25, 04	1530	97.1 ORL	87		107/63 ARM	
Jun 25, 04	1600		85		117/61 ARM	
Jun 25, 04	1800		92		106/62 DIN	
Jun 25, 04	1910	97.6 ORL	96 DIN	22 OBS	109/67 DIN	

Intake and Output Summary (12-hour summaries from Jun 25, 04 0600)

Intake	0600 - 1800	1800 - 0600	24-hr total
IV #1:		2250	2250
Total Intake		2250	2250
Output	0600 - 1800	1800 - 0600	24-hr total
Est. Blood Loss:		75	75
Total Output		75	75
Fluid Balance		2175	2175

Vital Signs: Custom

VS General	Temp	Source	P	R	B/P	SaO2%	O2 Amt	O2 Type
06/25/04 1059	96.1	TYMPAN	127		137/63			
1105			128					
1110			148					
1115			126		116/69			
1130			133		103/26			
1145			107		117/54			
1200			122		105/51			
1214	96.8	TYMPAN	115		111/57			
1229			107		108/84			
1245	96.8	TYMPAN	95		114/89			
1300	95.4	ORAL	105		109/60			
1315			95		107/65			
1330			103		99/65			
1344			92		103/65			
1415			83		105/65			
1430			87		99/57			
1500			82		107/65			
1529	97.1	ORAL	87		107/63			
1600			85		117/61			
1800			92		106/62			
1909	97.6	ORAL	96	22	109/67	95	2	NASAL CANNULA

No queries in group Bedside Glucose Monitor

Run: Sat - Jun 26 (05:32) for BROWNE, KIMBERLEE

Page: 2

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EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER

PROGRESS NOTES

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES
6/26/04	Tentative Diagnosis:
12:00	PAIK POST-OP
S:	Tom reports his coughing has improved. He felt that perhaps he had a slight hic last night. C/O pain from coughing. Snp that coughing blood has stopped.
O:	VITALS: 113/57 96 ~ 101 24 96% on RA CHEST: rhonchi throughout; coughs on deep exhalation wounds: dry dressings intact CXR: pulmonary edema improving
A/P:	Tom will be discharged today. He has been instructed to call for fever, SOB, malaise. I instructed him to be OOB as much as possible. Mother came & I explained all to her.
	PLAN: D/C today CXR on Mon. at 9:00 AM fu w/ me in office at 10:00 AM Mon. pt is to call w/ ↑ fever, SOB, pt was provided all my nos.

EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER

PROGRESS NOTES

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

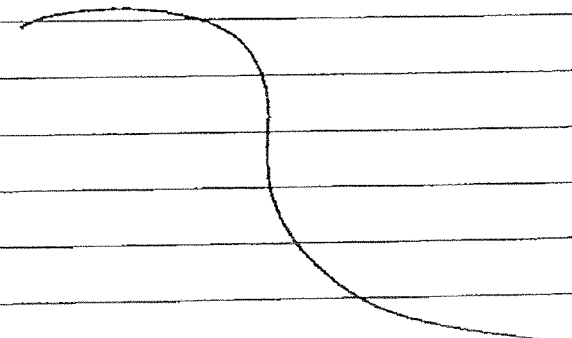
DATE	NOTES
6/25/04	Tentative Diagnosis:
20:00	<p>S. Tom has no c/o pain from incision sites. C/o pain poss. w/ coughing. Still reports coughing up blood, but it has diminished.</p> <p>O: V: 109/67 P=96 RR:22 T 97.6 O<sub>2</sub> 95% 2L NC. cxe done at 4:00 PM no real Δ. Perhaps a bit improved. Earlier was showing fluffy infiltrates in upper lobes. Wound sites ⊖ Δ.</p> <p>A/P: Tom was admitted p surgery due to a neg. pressure pulmonary edema resulting in blood in the airway &amp; coughing up pink blood. This was a direct result of oversedation when a nurse anesthetist came to the room to give Mary Wright a break &amp; then turned propofol infusion up to the point the patient fell asleep, became obstructive just when Mary came back to the room to replace the purses. That was giving her a break. I walked out of the room just as I recognized he was obstructing. I <del>just</del> told Mary that he was coughing &amp; was obstructed &amp; I stopped what I was doing &amp; tried to</p>

**EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER**

**PROGRESS NOTES**

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES
cont.	Tentative Diagnosis:
	<p>was reestablish his airway. After airway was secured &amp; the pt's was stable until the end of the case. However, he continued to cough. I suggested he go to PACU &amp; get a chest X-ray. I then told them I wanted him admitted to 3 floor for overnight observation - However, he was sent to Day Surgery by ans.</p> <p>I then went to Day Surgery &amp; requested that he go to 3. Lou Fadden had been notified that this stay would be covered by the hospital due to the fact the problem was a direct result of our sedation.</p>
	PLAN: D/C in AM
	CXR in AM prior to p/c
	Lund
	

EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER

PROGRESS NOTES

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES
6/25/04	<p>Tentative Diagnosis: <del>pump</del> IPG - The IPG was then placed in pocket.</p> <p>Incisions closed using 2.0 vicryl pop off into fascia. Then staples - came. It was prone on the bed. During the tunneling process the pt began to cough, airway compromised. I stopped tunneling &amp; helped ans. gain control of airway. Mary reports propofol was turned up while she was on back &amp; when she came to the room after preal she realized propofol was too high, turned it off but pt had already obstructed, began coughing. We stopped our tunneling &amp; assisted Mary with gaining control of airway. O<sub>2</sub> sat mouth stayed 94% on 2L O<sub>2</sub>. It continued to cough for the rest of the case. The wounds were closed using 2.0 vicryl pop offs. Staples for skin. Caution on incision. Dressings placed &amp; midline tape - patient on back awake in PACU. Coughing present red blood, CXR done. No evidence of aspir. No pneumo. Awake. A+O x3. Sitting up - No complaints of pain.</p>



EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER

PROGRESS NOTES

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES
4/25/04	<p>Tentative Diagnosis:</p> <p>OP NOTE</p> <p>PRE-OP DX: occipital neuralgia</p> <p>POST OP DX: same</p> <p>ANES: MAC-Waid</p> <p>SURG: Lindem</p> <p>DRAINS: none</p> <p>EBL: &lt; 50 cc</p> <p>Local: 20 cc of 2% Lidocaine 60 cc of MIX. of 1% Lidocaine + 1/4% Bupivacaine</p> <p>(Skin prep, draped. Leads placed in suboccipital region by using 2-14 gauge needles tunneled across occipital area. Mixture 1% Lidocaine + 1/4% bupivacaine. at site of entry 3 attempts at placement. Then stimulation done &amp; pt said leads were covering &gt; 80% pain. Then local anes w/ same mixture placed over into lesser for tunneling down left of spinous process &amp; to rt of scapula. Tunneling done through 3 exit &amp; entry points. Extension hooked up 1/2 way down back. Small pocket made for strain release. Tunneling completed. Pocket for IPG then placed on left buttock 2 finger breadth off iliac crest. Pocket was inserted using blunt dissection until adequate local anes</p>

P ▶ P: REG ☐ IRREG ☐ INTERPRETATION: ST  
 PR INT: \_\_\_\_\_ CONSTANT ☐ VARI ☐  
 ATRIAL RATE \_\_\_\_\_ QRS INTERVAL: \_\_\_\_\_  
 VENT. RATE \_\_\_\_\_ QT INT. \_\_\_\_\_  
 ACTION TAKEN: CLINIC aware, abn SIGNATURE: CTM DATE: 6/25/04

P ▶ P: REG ☐ IRREG ☐ INTERPRETATION: \_\_\_\_\_  
 PR INT: \_\_\_\_\_ CONSTANT ☐ VARI ☐  
 ATRIAL RATE \_\_\_\_\_ QRS INTERVAL: \_\_\_\_\_  
 VENT. RATE \_\_\_\_\_ QT INT. \_\_\_\_\_  
 ACTION TAKEN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

P ▶ P: REG ☐ IRREG ☐ INTERPRETATION: \_\_\_\_\_  
 PR INT: \_\_\_\_\_ CONSTANT ☐ VARI ☐  
 ATRIAL RATE \_\_\_\_\_ QRS INTERVAL: \_\_\_\_\_  
 VENT. RATE \_\_\_\_\_ QT INT. \_\_\_\_\_  
 ACTION TAKEN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RHYTHM STRIP RECORD**

STRONG, THOMAS LEE  
 D000241615 09/03/81 M/22  
 D00310563059 06/25/04 SSC  
 Attending: Catherine Linderman, M

Telephone: (208) 524-0610  
Fax: (208) 557-0171

DEA #BL 1154981

CATHERINE L. LINDERMAN, M.D.

2315 Channing Way

Idaho Falls, ID 83404

Name Tom Strong Date 6-9-04  
Address \_\_\_\_\_

Rx Pre-operative labs:  
CBC, electrolytes, BUN, CREAT, PT, PTT, PLT  
for surgery on 6/25/04

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

\_\_\_\_\_, M.D.  
Product Selection Allowed

Linderman, M.D.  
Dispense As Written

Telephone: (208) 524-0610  
Fax: (208) 557-0171

DEA #BL 1154981

CATHERINE L. LINDERMAN, M.D.

2315 Channing Way

Idaho Falls, ID 83404

Name Tom Strong Date 6-9-04  
Address \_\_\_\_\_

R One-operative labs:  
CBC, electrolytes, BUN, CREAT, PT, PTT, PLT  
for surgery on 6/25/04

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

\_\_\_\_\_, M.D. Linderman, M.D.  
Product Selection Allowed Dispense As Written

DEA #BL 1154981

CATHERINE L. LINDERMAN, M.D.

2315 Channing Way

Idaho Falls, ID 83404

Name Tom Strong Date 6/9/04  
Address \_\_\_\_\_

R One-surgical EKG please. 12 lead  
for surgery on 6/25/04

Telephone: (208) 524-0610  
Fax: (208) 557-0171

DEA #BL 1154981

CATHERINE L. LINDERMAN, M.D.

2315 Channing Way

Idaho Falls, ID 83404

Name Tom Strong Date 6-9-04  
Address \_\_\_\_\_

Linderman, M.D.  
Dispense As Written

R One-operative CXR PA+LAT  
for surgery on 6/25/04

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

\_\_\_\_\_, M.D. Linderman, M.D.  
Product Selection Allowed Dispense As Written

477

USE BALL  
POINT PEN

PRESS  
FIRMLY

14012

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Weight	Height	Diagnosis
Allergies & Sensitivities <input type="checkbox"/> NKA		

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).
Physician Signature: _____		

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #1
6/25/04	1450	<p>DIET REGULAR -</p> <p>ACTIVITY OOB</p> <p>IV L HELOCK -</p> <p>OXYCODONE 5mg 1 or 2 po every 2-3 hours prn for procedural pain</p> <p>WTO DR LINDERMAN / LEWILL MA / CMCLURE RN</p>

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Linderman

CHART

Physician's Signature	Date & Time	Nurse's Signature	Date & Time	DO NOT WRITE ORDER UNLESS NUMBER APPEARS
<i>[Signature]</i>	6-25-04	<i>[Signature]</i>	1500	

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #2
6/25/04		<p>1) for pain: MS 1-2 mg IV @ 10 pm.</p> <p>for sleep: Ambien 10 mg @ 10 pm.</p> <p>2) please get GOR in early AM. Have pt go down for Xray.</p> <p>3) plan for D/C in AM</p>

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Linderman

CHART

Physician's Signature	Date & Time	Nurse's Signature	Date & Time	DO NOT WRITE ORDER UNLESS NUMBER APPEARS
<i>[Signature]</i>				

Physician's Orders

USE BALL  
POINT PEN

PRESS  
FIRMLY

T 4 0 1 2

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Weight	Height	Diagnosis
Allergies & Sensitivities <input type="checkbox"/> NKA		

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).

Physician Signature: \_\_\_\_\_

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #1
4/25		1) hold in day surgery until I come over for D/C 2) please repeat upright (x2) at 4:00 PM.

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Lindeman, M

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Physician's Signature	Date & Time	Nurse's Signature	Date & Time	DO NOT WRITE ORDER UNLESS NUMBER APPEARS
<i>[Signature]</i>	6/25	<i>[Signature]</i>	6.25.04 1450	

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #2
6/25/04	1330	Patient may have ice chips. Decrease Oxygen slowly to maintain oxygen saturation at 92% or greater. W/O / Dr. Murphy / [Signature]

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310663059 06/25/04 SDC  
Attending: Catherine Lindeman, M

CHART

Physician's Signature	Date & Time	Nurse's Signature	Date & Time	DO NOT WRITE ORDER UNLESS NUMBER APPEARS
<i>[Signature]</i>		<i>[Signature]</i>	6-25-04 1330	

Physician's Orders

T4012 Rev. 12/02

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POINT PEN

FIRMLY

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Weight	Height	Diagnosis
Allergies & Sensitivities <input type="checkbox"/> NKA		

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).

Physician Signature: \_\_\_\_\_

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #1
6/25/04		TRANSFER TO 3 - for NEG. PRESSURE ASPIRATION COND: STABLE DX: S/P peripheral nerve stimulation ALL: MAXALT, PCN VITALS: Q4 ACT: AD LIB NURS: O2 VIA NA DIET: Regule IV: heparin MEDS: OXYCODONE 5mg T-TI Q2-3 <sup>0</sup> pm. LABS: <input checked="" type="checkbox"/>
Physician's Signature	Date & Time	Nurse's Signature
<i>Lind</i>		

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22 SDC  
D00310663059 06/25/04  
Attending: Catherine Linderman

CHART

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #2
6/26/04		1) D/C pt to home 2) ice pack to pts neck & back now 3) pt has CXR scheduled for Mon. 9:00 AM 4) pt has f/u visit scheduled Mon. 10:00 in my office 5) DC MEDS: OXYCODONE KLEFLEX
Physician's Signature	Date & Time	Nurse's Signature
<i>Lind</i>	6-26-04	1310

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22 SDC  
D00310663059 06/25/04  
Attending: Catherine Linderman

CHART

Physician's Orders

**CREEKSIDE PAID CLINIC**

CATHERINE L. LINDERMAN, M.D.

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

**ADMIT ORDERS****NAME:** Tom STRONG**DATE:** 06/03/04**PROCEDURE:** Spinal Cord Stimulator implantation with use of the generator**1. DATE OF ADMIT:** June 25th via day surgery**2. DATE OF DISCHARGE:** June 25th or June 26th. This is an outpatient procedure. Plan for discharge after the surgery.**3. ADMIT TO:** Eastern Idaho Regional Medical Center for outpatient of SCS**4. DIAGNOSIS:** 723.8-Occipital Neuralgia;847.0-SPRAIN OF NECK;333.83-SPASMODIC TORTICOLLIS;346.91-MIGRAINE NOS/INTRACTABLE**5. CONDITION:** Stable**6. ALLERGIES:** Maxalt: "Bugs under skin"; Penicillins**7. VITALS:** Vitals upon admission**8. ACTIVITIES:** Out of bed ad lib.**9. NURSING:** Vitals upon admission**10. DIET:** NPO patient may take his medications with a sip of water**11. IV:** Heplock as per anesthesia protocol**12. MEDICATIONS:** Ancef 1 gram 1/2 hour prior to surgeryKeflex 500 mg 1 po tid for ten days post-operatively. Prescription provided.  
Post-op pain meds as per anesthesia protocol in PACU**13. LABS:** Labs were done for CBC, lytes, BUN/creatinine, PT, PTT, PLT. Also, EKG and CXR. I asked that they fax the reports from these studies to EIRMC operating room. They should be there by now. However, if not ask the patient where he had them done and get the reports before he is called to the OR.**14. SPECIAL:**

- Fluoroscopy for use in the OR
- Ancef one gram IV 1/2 hour prior to going to the OR.
- ANS will provide the spinal cord stimulator
- Patient to not bathe or shower for four days after placement. Then shower only after four days.
- Please call with any questions: office 524-0610, home 529-4314, cell 589-4314. Please call the answering service which is 228-2093 if you are unable to reach me at these numbers listed above.
- Medium abdominal binder on call to OR for application in surgery.

*Catherine L. Linderman*

Catherine L. Linderman, M.D.

STRONG, THOMAS LEE  
 0000241615 09/03/81 M/22  
 000310663059 06/25/04 SDC  
 Attending: Catherine Linderman, M



**EASTERN IDAHO REGIONAL MEDICAL CENTER**  
**ANESTHESIA LABORATORY AND DIAGNOSTIC PRE-OP TESTING**

CBC: within 2 weeks: 

- History Anemia, Heavy Menses, Dialysis Patient
- Chemotherapy
- Major Procedure: Orthopedic, Vascular, Abdominal, Cardiothoracic or Neuro
- Autologous blood donation
- Any procedure requiring Type and Screen

CHEM 8 / BASIC METABOLIC TEST:

within 2 weeks: 

- Patients  $\geq 65$  having major surgery
- Diabetic
- History of CHF

within 48 hours: 

- Dialysis patients

CHEST X-RAY: within 3 months: 

- Severe COPD/Asthma
- Cardiothoracic procedure

ELECTROCARDIOGRAM:

within 6 months: 

- Age  $\geq 45$
- Diabetic, or morbidly obese  $\geq 35$
- All patients having gastric bypass

within 3 months: 

- Cardiac disease

GLUCOSE: day of surgery: 

- IDDM/NIDDM  
(autolet is acceptable) Call Anesthesia if  $<80$  or  $>225$

K+: within 2 weeks: 

- Patients on diuretics, antiarrhythmics, K+ Supplements

MAGNESIUM: within 2 weeks: 

- Previous gastric bypass, gastrectomy, or gastric stapling

HCG: within 1 week: 

- FEMALES if possibility of pregnancy

PROTHROMBIN: day of surgery: 

- Previous PT  $>15$  or Coumadin within 1 week of surgery

TYPE AND SCREEN:

- On any patient with anticipated blood loss. (Example: C-Section, Hip and Knee procedures, Vascular procedures, Major abdomen procedure, Open Cholecystectomy, Hysterectomy, Liver, Spleen or Pancreas procedure.)

TYPE AND CROSS:

- If patient has autologous blood

Signature \_\_\_\_\_

\_\_\_\_\_, M.D.

STRONG, THOMAS LEE  
0000241615 09/03/81 M/22  
000310663059 06/25/04 SDC  
Attending: Catherine Lindeman, M

Date

603296 - March 2002

Page 1 of 2

# EASTERN IDAHO REGIONAL MEDICAL CENTER

## Preprinted Physician's Orders – Post Anesthesia

### PHASE 1

#### I. O<sub>2</sub> MANAGEMENT

- A. O<sub>2</sub> per mask or nasal prongs to keep O<sub>2</sub> sats greater than or equal to 90%. Wean to room air as tolerated.

#### II. DRUGS

##### A. FOR PAIN

###### Adults Severe:

1. Morphine 5 mg IV q 10 minutes up to 10 mg prn.
- If listed allergy to Morphine give:
2. Hydromorphone 0.75 mg IV q 10 min up to 1.5 mg prn
- For continued complaints of severe pain give:
3. Fentanyl 50 mcg q 5 min up to 250 mcg

###### Children

1. Morphine 0.05 mg/kg IV q 10 min; MR x 2
2. Hydromorphone 0.015 mg/kg IV q 10 min; MR x 2
3. Fentanyl 0.5 mcg/kg q 3 min MR x 4

#### OUTPATIENTS: (Day Surgery)

Start with Fentanyl as above:

For continued complaints of severe pain give Morphine / Hydromorphone as above:

#### IF PAIN CONTINUES AFTER MAXIMUM DOSE, CALL M.D.A.

- B. PCA, if ordered by surgeon, **IS TO BE STARTED IN PACU. DO NOT GIVE A LOADING DOSE** if patient verbalizes pain scale less than 5.

#### C. NAUSEA / VOMITING

1. Zofran 2 mg IV (if pt has received Zofran perioperatively)
2. Zofran 4 mg IV
3. Haldol 0.25 mg IV (if N & V do not improve after 20 min. of administration of Zofran)

#### D. CRITERIA FOR NARCOTIC REVERSAL

- Narcan 0.4 mg IV Respirations less than or equal to 4 call Anesthesia STAT  
 Narcan 0.2 mg IV Respirations less than or equal to 8

#### E. DYSRHYTHMIA – Notify Anesthesia

1. For significant EKG changes (multi focal PVC's, depressed ST wave, ↑ T wave, BBB, SVT, etc.)
2. Sinus bradycardia with rate less than or equal to 40 and SBP less than or equal to 85  
 give: Atropine 0.4 mg IV

#### F. FOR SEIZURES call Anesthesia STAT

1. O<sub>2</sub> mask 15 liter flow
2. Diazepam 2.5 mg IV q 3 min up to 5 mg
3. Thiopental available at bedside – unit dose syringe

#### III. CRITERIA FOR EXTUBATION

- A. Tidal volume greater than or equal to 350 cc
- B. Cough and swallow
- C. Hold head off bed for 5 seconds
- D. Respiratory Rate greater than or equal to 10
- E. Notify Anesthesia prior to extubation, suction before extubation.

#### IV. X-RAY: CHEST FOR

- A. Chest tubes, Swan Ganz, central lines placed in O.R.

#### V. LR 100 ml/hr while in PACU for adults.

- For children use intraoperative IV solution at 1 ml/kg/hr.

#### IV. CRITERIA FOR HYPOTHERMIA

- A. Demerol 12.5 mg IV for shivers
- B. Core temperature less than 95 use forced air blanket

#### V. CRITERIA FOR DISCHARGE TO PHASE II

- A. Must be 8 on aldrete with no "0" ratings or be discharged by M.D.A.
- B. 1. If O<sub>2</sub> Sat. less than 90% on room air - Nasal cannula O<sub>2</sub> up to 5L/min up to 12 hours post op; further O<sub>2</sub> orders are to be obtained from surgeon.
2. If unable to maintain O<sub>2</sub> sat greater than or equal to 90% on 5L/NC, call MDA

Other:

*1240 To DSC for continued observance - e Supplement*  
*O2 vvo On Morphine*

STRONG, THOMAS LEE  
 000024:515 09/03/81 M/22  
 000310663059 06/25/04 SDC  
 Attending: Catherine Lindgren, M

PHASE II

**SURGEON'S WRITTEN PAIN ORDER SUPERCEDES ANESTHESIA STANDING ORDERS:**

**VI. For Adults:**

**Pain:**

1. Hydrocodone 5 mg with Acetaminophen 1 to 2 tablets for PO post-op pain
2. If allergic, give Darvocet 100 mg 1 or 2 PO for post-op pain
3. If unable to tolerate oral meds: Morphine 5 mg IM, or if allergic, Hydromorphone 0.75 mg IM
4. For mild discomfort give:  
Tylenol 1000 mg PO x 1
5. For throat discomfort give:  
Cepacol lozenge x 1
6. For N/V: Zofran 4 mg IV x 1
7. O<sub>2</sub> per mask or nasal prongs to keep O<sub>2</sub> sats greater than or equal to 90%. Wean to room air as tolerated.

**VII. Pediatric Population (2-10 years of age):**

1. For N/V: Zofran 0.1 mg/kg up to 4 mg IV x 1
2. Pain Control:
  - a. Tylenol Elixir 10 mg/kg PO for mild discomfort x 1
  - b. Lortab Elixir 0.15 mg/kg up to 5 mg PO for moderate discomfort x 1
  - c. M.S. 0.1 mg/kg - 0.2 mg/kg IV for severe pain x 1

*Handwritten notes:*  
Anesth  
C. 25  
1130

CRNA

, M.D.

Date

STRONG, THOMAS LEE  
0006241615 09/03/81 M/22  
000310663059 06/25/04 SDC  
Attending: Catherine Linderman, M

## PRE-OP NURSING INSTRUCTIONS

### NPO Instructions:

	Solids	Clear Liquids	Breast Milk
Newborn – 6 Months	MN	2 hours	4 hours prior to arrival
6 Months – 24 Months	MN	— prior	
2 Years – Adult	MN	2 to arrival	

### Medication Instructions:

1. Take all prescription medications including combo anti-hypertensives that may contain a diuretic component.
2. Use inhalers and bring them to the hospital.
3. **HOLD:**
  - Diuretics
  - Herbal products, minerals, and vitamins
  - Hormones
  - Oral Hypoglycemics
  - Potassium supplements
  - Thyroid medications
  - NSAIDS
4. Platelet inhibitors, ASA, and Plavix should be discontinued 1 week (7 days) prior to surgery.
5. Coumadin should be discontinued three days prior to surgery unless specifically instructed by surgeon to continue.
6. Sub-Q Heparin or Low-Molecular Heparin should be held on those patients that anticipate having an epidural such as (thoracotomies, major abd. cases)
7. Gastric reflux, hiatal hernia, and obese pts. (>50 lbs. over ideal body weight):
  - On admission pepcid 20 mg and reglan 10 mg po.
  - Delete if comparable drug already taken.
  - Instruct pt. to "double" over-the-counter medication (i.e. zantac, pepcid).
8. Diabetic patients: refer to anesthesia unless orders from primary care physician received.

### IV Instructions:

- Lidocaine 1% for infiltration may be used for IV starts.
- All IV's should be started with 1000 cc's LR at 100 cc/hr.
- Blood tubing if patient is a C-Section or if patient has been typed/screened or cross-matched.

### Special Instructions:

- Patients breastfeeding should pump at least once post op and discard milk, may resume feeding when alert. Patient should continue to pump and discard milk if drowsy.
- Emla cream should be applied to IV site on children 8 to 15 years old on admission.

*Noted  
4/25/04  
M. Linderman  
OSR*

STRONG, THOMAS LEE  
0000241615 09/03/01 M/22  
000310663059 06/25/04 SDC  
Attending: Catherine Linderman, M

# E.I.R.M.C. Preanesthesia Patient Evaluation Form

STRONG, THOMAS LEE  
0000241615 09/03/81 M/22  
000310663059 06/25/04  
Attending: Catherine Linderman, M.D.C

Date: 6/29/04	Proposed Procedure: DORSAL LUMBAR STIM		Evaluator: M
Allergies: <input type="checkbox"/> None PEN MAXALT	Habits: <input type="checkbox"/> None <input type="checkbox"/> Smokes PPDx YRS <input type="checkbox"/> ETOH Drinks/wk <input type="checkbox"/> Drug Abuse	Medications: <input checked="" type="checkbox"/> None	Anesthesia Hx: <input checked="" type="checkbox"/> None <input type="checkbox"/> No Problems Problems: <input type="checkbox"/> Headache <input type="checkbox"/> Failed Block <input type="checkbox"/> MH <input type="checkbox"/> N/V <input type="checkbox"/> Difficult Intubation
Cardiovascular System: <input checked="" type="checkbox"/> Normal			Family History: <input checked="" type="checkbox"/> No Problems <input type="checkbox"/> FH
<input type="checkbox"/> Hypertension: <input type="checkbox"/> Borderline <input type="checkbox"/> Good Control <input type="checkbox"/> Treated <input type="checkbox"/> Poor Control <input type="checkbox"/> Untreated	<input type="checkbox"/> Angina <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	Pulmonary: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Asthma: <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> COPD <input type="checkbox"/> Pneumonia <input type="checkbox"/> Active <input type="checkbox"/> Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <input type="checkbox"/> Bronchitis <input type="checkbox"/> URI now <input type="checkbox"/> Other:	Metabolic: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Thyroid <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM <input type="checkbox"/> Arthritis <input type="checkbox"/> Limited ROM <input type="checkbox"/> Steroid Dependant <input type="checkbox"/> Cancer: <input type="checkbox"/> Pregnant, EGA _____ wks
<input type="checkbox"/> Hx of M.I. <input type="checkbox"/> < 6 Mo. Old _____ Date <input type="checkbox"/> > 6 Mo. Old _____ Number <input type="checkbox"/> Complicated	<input type="checkbox"/> CHF <input type="checkbox"/> Mild, compensated <input type="checkbox"/> Moderate <input type="checkbox"/> Severe or in Failure	CNS: <input type="checkbox"/> Normal <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> TIA's (date): <input type="checkbox"/> CVA (date): Deficit: <input type="checkbox"/> OBS/Retardation <input type="checkbox"/> Cord Injury Level: <input type="checkbox"/> Mental Illness:	GI/GU Systems: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gastritis or Ulcers <input type="checkbox"/> GI Bleeding <input type="checkbox"/> Active <input type="checkbox"/> Reflux or Hiatal Hernia <input type="checkbox"/> N/V, Duration: <input type="checkbox"/> Renal Impairment: <input type="checkbox"/> Dialysis - duration:
<input type="checkbox"/> Arrhythmias: <input type="checkbox"/> PACs <input type="checkbox"/> PVCs <input type="checkbox"/> A Fib <input type="checkbox"/> Treated <input type="checkbox"/> Untreated	<input type="checkbox"/> Heart Block (Type): <input type="checkbox"/> Valvular Disease: <input type="checkbox"/> MVP <input type="checkbox"/> Symptomatic Type: <input type="checkbox"/> PVD - Location: <input type="checkbox"/> Other:	NECK PAIN	Pertinent Physical Findings: Dentition: <u>PLCOSI</u> ROM Neck/Jaw: Intubation Accessment:
Pertinent Lab:	Infectious Disease: <input type="checkbox"/> None <input type="checkbox"/> HBV <input type="checkbox"/> AIDS <input type="checkbox"/> UTI <input type="checkbox"/> OP Site Infected <input type="checkbox"/> SEPSIS	Surgical and/or Other History:	Heart/Lungs:
Data Pending:	HL: 5'10" Wt: 162 <input checked="" type="checkbox"/> NPO or Last Intake: 1715		
ASA CLASS: <u>I</u>	Anesthesia and Monitoring planned: I.V. SEDATION	Approval: <u>MGA</u>	

## PAGE 1 OF 1

[illegible]

STRONG, THOMAS LEE  
D000241615 09/03/81 M/22  
D00310563059 08/25/94 500  
Attending: Catherine Linderman, M

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POST ANESTHESIA NOTE  
(circle inpatient or outpatient)

☒ Patient discharged according to criteria, chart reviewed, no apparent complications (outpatient)  
or  
Complications/Follow up: \_\_\_\_\_

or if inpatient

1. Cardiopulmonary status: \_\_\_\_\_
2. Level of consciousness: \_\_\_\_\_
3. Complications: \_\_\_\_\_  
\_\_\_\_\_ ( See Progress Notes, circle if needed)
4. Follow up: \_\_\_\_\_

Date: 6/26/01 Time: 1531 Anesthesia Provider: [Signature]

Consent for Anesthesia

1. I request the following types of Anesthesia and or procedures be performed by a qualified member of the Anesthesia Department who is either an M.D. or a C.R.N.A.: I.V. SEDATION
2. I realize that the anesthetic may have to be changed possibly without explanation to me.
3. I understand that Advanced Directives will be suspended during surgery unless specifically noted below.
4. I request the use of any monitoring equipment, medications, blood or blood products, and any procedure deemed necessary for the safe conduct of anesthesia with the following exceptions:  
\_\_\_\_\_
5. I understand that certain complications may result from the use of an anesthetic including respiratory problems, drug reaction, paralysis, brain damage, or even death.
6. I assume financial responsibility for the anesthesia services rendered. I understand that anesthesia professional fees are not included with the hospital bill, and will be billed separately.

Signature: Tom L. Wang  
PATIENT or GUARDIAN (circle one); relationship \_\_\_\_\_

I have discussed the anesthetic plan and associated risks with this patient or this patient's representative.

[Signature]  
MD. or C.R.N.A.

6-25-04  
Date

**CREEKSIDE PAIN CLINIC**  
**CATHERINE L. LINDERMAN, M.D.**  
2375 East Sunnyside, Suite A  
P.O. Box 1509  
Idaho Falls, ID 83404  
Phone (208) 524-0610 Fax (208) 557-0171

**PLACEMENT OF PERIPHERAL NEURO STIMULATOR LEADS AND RECEIVER**  
**WITH USE OF FLUOROSCOPY**

**PATIENT:** STRONG, Tom

**RECORD #:** 11242.02

**AGE:** 23 year(s) old

**DATE OF PROCEDURE:** 06/25/04

**PROCEDURE:** Percutaneous Peripheral Neurostimulator Lead Placement With Fluoroscopic Guidance and Placement of an Implanted Receiver for Permanent Peripheral Nerve Stimulator Placement

**PREOPERATIVE DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-Occipital Neuralgia;722.4-Disc-Degenerative, cervical;722.0-CERVICAL DISC DISPLACMNT

**POSTOPERATIVE DIAGNOSIS:** Same

**INDICATIONS FOR PROCEDURE:** Because Tom fits the patient selection criteria and has not had any long-term response to other measures, I recommended a screening test with neurostimulation which was performed on 5/27/04. Tom verbalized that he obtained 90-95% pain relief from his severe neck and head pain. Tom has made the decision to proceed with the permanent implantation of the Peripheral Nerve Stimulation System, as the patient's positive response to the screening test was indicated by a significant decrease in pain and an improvement in function.

**COMMENTS:** An evaluation was performed. The procedure was explained to the patient in that the patient understands that they need to be made aware during the procedure in order to be able to indicate whether or not we are stimulating their area of pain. They also know that there will be some pulling and pain with the tunneling procedure. However, I have explained to them that I will be placing local anesthetic in the area of the procedures and that we will do what we can to keep him comfortable. Initially a skeletal model was used to give a detailed procedure explanation. A videotape was also shown demonstrating the procedure. Potential complications including bleeding, bruising, headache, infection, cardiac arrest, nerve and spinal cord damage with temporary and/or permanent paralysis, and other serious or life-threatening complications. No guarantee of benefits was given. The patient agreed to have the procedure and signed the consent.

**ANESTHESIA:** Tom was admitted to the hospital to day surgery. He was then seen by the anesthesia group for his pre-operative questioning. He then had an IV placed by anesthesia person in the preoperative workroom and then transported to the operating room where he was placed prone on the OR table with a Wilson frame under the abdomen. Monitors for blood pressure, EKG, pulse oximetry and heart rate were applied and baseline recordings were entered into the record. The back was prepped and draped in the usual sterile fashion using the solution prescribed by EIRMC.

Continuous monitoring was provided by the anesthesia group from EIRMC. I discussed the procedure with the anesthesia personnel at the first of the day who was Mary Waid. I spent ten minutes discussing the cases with Mary and explained to her that we need light sedation at the first of the case for placement of the leads. I explained to her that the patient had been prepped prior to the procedure telling him that there would be some pain associated with the placement of the leads. I then told her that the patient then needed to be awakened after placement of the leads for the stimulation part of the procedure. I explained that the patient needed to be aware of what was going on and be able to answer the questions on whether or not we were covering his area of pain. I also explained to her that this was the most important part of the procedure. After we ascertained that the leads were in the correct position, the patient may have a bit more sedation but the anesthesia personnel must be aware of the fact that the patient is in the prone position. I also explained to Mary that I would be using up to 60 ml of a local anesthetic mixture using 1% lidocaine mixed with 1/4% bupivacaine with 1:400,000 units of epinephrine for localization. I explained that I would be using the local in stages. I also told her that the leads were to be implanted in Tom in the occipital area and not in the spinal cord epidural space. Mary understood and had no more questions.

**DESCRIPTION OF PROCEDURE:** Using fluoroscopic imaging, the occipital area of the skull was identified and a local skin wheal was then made with approximately 3 ml of the local anesthetic mixture PF through a 25 gauge 1.5 inch needle



Patient: STROM, T. L. DOS: 06/25/04

just 1 cm lateral to the midline of the occipital region bilaterally. A small 2 cm incision was then made with an 15 blade through the skin wheal. A 14 gauge Tuohy needle was then introduced through the incision and directed in a lateral direction towards the outer area of the skull from the midline. The needle followed parallel to the occiput until the tip came to lie just behind the ear on the right. I then placed an ANS Octrode lead with eight electrodes through the needle and removed the needle. I then repeated this same procedure with another 14 gauge Tuohy needle starting at the incision site and tunneling the needle lateral towards the left side of the skull just under the skin in the occipital region. I then threaded another ANS lead to the tip of the needle and then removed the needle from this area. No paresthesias were reported by the patient.

The neurostimulator leads were then connected to the connecting cables and the the screener device. The patient was awakened at this time. The sedation used for the first part of the procedure was light and the patient had a significant amount of pain with the placement of the leads. I then began the stimulation. The patient was asked to report on where the stimulation was felt and whether or not it covered the areas where the patient usually feels pain. The patient reported good stimulation coverage over the head with good coverage of the usual areas of pain with the leads running parallel to the occipital region of the head.

The stylets were then carefully removed and the leads were again checked with fluoroscopic imaging to ascertain possible migration. The cutdown incision was then extended with a 15 blade scalpel to approximately 5 cm in length. I then placed an anchoring stitch using 2-0 silk to the fascia of skull and neck. The anchor for each lead was then slid over the lead and tied in place with the anchoring suture.

Attention was then turned to the Renew receiver site which was placed on the left hip. I used a 25 gauge 1.5 inch needle to inject 25 ml of local anesthetic for the pathway between the leads at the midline of the occiput to the left hip receiver pack site. Deeper anesthesia was obtained by using a 25 gauge 3.5 inch spinal needle to anesthetize the pocket site as well as the area between the two sites for tunneling. A total of 35 mls was used for this area. I then made an incision with a 15 blade across the left hip area approximately 8 cm in length. A pocket was then made by blunt dissection until the receiver pack would fit into the pocket tightly but with ease. Meticulous hemostasis was obtained with use of the bovey cautery and the pocket was copiously irrigated using sterile water and antibiotic solution.

I then used the tunneling device supplied by ANS to tunnel the two leads to the mid back where an small 2 cm incision was made and I then placed an extension piece that was further tunneled to the left hip receiver site. During this procedure, I noticed that the patient was starting to cough and buck. I put down my instruments and called to the anesthesia person that the patient was obstructed and I needed their help. I then lifted Tom's head and he regained his airway. He continued to cough and buck throughout the whole procedure thereafter. The anesthesia person tried to help Tom throughout the procedure but Tom was mostly awake for the tunneling procedure due to the fact that we were unable to give him more sedation due to the coughing and the possibility of aspiration. Tom remained very agitated with coughing and pulling during the entire tunneling procedure. I had to make one more incision midway between the suboccipital site and the left hip site in the mid back in which the leads were pulled out an an extension was attached. The extension was then tunneled to the left hip pocket. The extension was then attached to the receiver by pushing the end into the receiver until there was a faint pop. Then the leads were tightened in place by use of a small screwdriver that was placed into the receiver and tightened. The boots that attach to the receiver were slid up the lead and pushed over the nipple and secured with 2-0 silk. The receiver and the extension were placed into the pocket with the excess lead curled under the receiver. The pocket was then closed after meticulous hemostasis and more irrigation. I used 2.0 vicryl pop-offs for the fascial closure placing buried interrupted sutures. I then used a 2.0 vicryl for the subcutaneous layer using buried interrupted sutures. I then closed the skin using staples. The same closure was done after hemostasis and irrigation at the scalp incision site as well as the midback incision site.

The leads were checked often throughout the procedure to ascertain that there was no migration of the leads by fluoroscopy and by testing the leads with the external battery pack. Brian continued to get good stimulation at the painful area in the neck and head.

A sterile dressing using 4 x 4 gauze was then applied over the incision sites using Medipore tape over the gauze.

Tom had a severe anesthesia complication in the midst of this procedure. The nurse anesthetist that had started the case, Mary Waid, had taken a short break and the nurse anesthetist that they sent in to replace her turned up the propofol drip but failed to inform Mary when she returned that he had done so. Tom had been doing well until this happened and then his airway was lost at the time the anesthesia personnel were turning the patient back over to the care of Mary Waid. I also noticed that other anesthesia personnel were in the room at the time, but I could not be sure who it was. They were at the head of the bed talking. I think that perhaps one of them was Dr. Murphy but I cannot be sure. I do know that there was a lot of noise in the room from conversation by the anesthesia personnel.

EBL: <50 cc

490

Patient: STROM, Tom L DOS: 06/25/04

**ANESTHESIA:** MAC

**SURGEON:** Linderman; present in the room in addition was an ANS representative by the name of Sandra Kienitz, RN and Tim Orr, sales representative.

**COMPLICATIONS:** Tom ended up with negative pressure pulmonary edema and was coughing up frank red blood in the PACU. Dr. Murphy was present at the time and was very belligerent and very confrontational to me as well as the ANS people who were really just bystanders. He then began to threaten me pointing his finger at me and telling me that I needed to talk with the anesthesia personnel first before doing these procedures and tell them what is expected. He then told me that this is a very dangerous procedure and that when the patient coughed there was great risk to him since we were in the spinal canal. I then informed him that I was NOT in the spinal canal and that I was in the occipital region, but that coughing was still an issue and that I was well aware of that. I also informed him that he did not know what procedure I was performing and that I had spent a significant amount of time at the first of the case with Mary Waid explaining to her what we would be doing and that she was aware of the procedure. Mary confirmed this. However, I was not responsible for informing her relief person as to what was going on since I was in the middle of a surgery and I felt that was up to the person who was in the room prior. He then informed me that he wanted to meet with me after I wrote admission orders for the patient. They also talked with the CFO to explain that the patient needed to be admitted at no charge since there had been an anesthesia complication and that he would have to be observed for one to four days. Dr. Murphy was very obstinant and then told me that the rest of my patients that day would not be given any more sedation than 2 mg of Versed and 2 ml of fentanyl. I explained to him that he was punishing my patients for a complication that was the fault of the anesthesia personnel and felt that this type of behavior was not ethical. We then went for our meeting.

During the meeting I was verbally attacked by Dr. Murphy and Dr. Harris about the procedure and the results from the anesthesia complication. I still to this time do not know why he was so aggressive about what happened. I explained to him that I expected a MAC from the group and that I did not ask for a general anesthetic. I also informed him that I was the surgeon, not the anesthesiologist, and that is why I brought the patient here today so that I would have an anesthesia person to monitor the patient. He then took issue with the amount of local that was used in the case and continued to harp about this for fifteen minutes with Dr. Harris chiming in at times. However, at the end of the meeting he told me that he had no problems with the amount of local that I used in the case. I told him that his behavior was absolutely harassment and that he was out of line over the whole problem. The bottom line is that they increased the anesthesia infusion of propofol and over sedated the patient which resulted in negative pressure pulmonary edema. I cannot see how any of my other patients could be responsible for this error and that they were punishing my other patients for their mistake. Dr. Murphy then told me to take my business elsewhere and not come back to EIRMC. I informed him that I had every right to be there and that my patients expected to have their procedures done there and that I was going to continue on with the procedures that I had on the schedule. He was nothing but arrogant and abusive to me as well as the staff with me and the ANS representatives. The representatives said that they would verify his behavior since they were present for the entire case as well as the meeting.

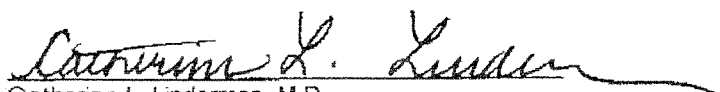
**IV FLUIDS:** as per anesthesia record

**DRAINS:** None

**CPT:** 63685-two leads with sixteen electro-Percutaneous Lead Placement; 63685-Incision & Placement of Receiver or IPG; 95971-Simple Programming; 76003-Fluoroscopy Guidance--all other

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-Occipital Neuralgia;722.4-Disc-Degenerative, cervical;722.0-CERVICAL DISC DISPLACMNT

**DISPOSITION:** Tom will be admitted for observation to make sure that he gets over the negative pressure pulmonary edema imposed upon him by the anesthesia group at EIRMC. I will explain to Tom what happened after he is more alert.

  
Catherine L. Linderman, M.D.

# EASTERN IDAHO REGIONAL MEDICAL CENTER

## POST-OPERATIVE/POST-PROCEDURE REPORT

### PACU

Check or circle only applicable information:

<b>Surgeon</b> <u>Linder</u>		<b>Admission Status:</b> <u>Inpatient</u> Outpatient <b>Time into PACU:</b> <u>1100</u> . Dept.	
<b>Significant PMH</b> Diabetes Hypertension Lung Disease Other: <u>Cervical Pain</u> <u>HTN</u>	<b>Surgical Procedure</b> <u>Colon</u> <u>resection</u> <u>Stimulator</u>	<b>Allergies</b> NKMA <u>PCN</u> Sulfa Morphine Tape Latex Food Other: <u>Maxalt</u>	
<b>Anesthesia Hx reviewed</b> <input checked="" type="checkbox"/>		<b>Post op orders reviewed</b> <input checked="" type="checkbox"/>	
<b>Medications administered in Surgery/PACU:</b>			
<b>Narcotics</b> Morphine Dilaudid Fentanyl <u>75mcg</u> Demerol Other	<b>Antibiotic/Other</b> Ancef <u>1gm 60</u> Other: Toradol Decadron	<b>Antiemetics:</b> Zofran <u>4mg 1105</u> Reglan Haldol Other	<b>Benzodiazepines:</b> Versed <u>2mg</u> Other
<b>Reversal Agents:</b> Narcan Romazicon Other:			
<b>Last dose at</b> <u>1150</u> PCA Pump: MS      Dilaudid      Other      Bolus at			
<b>Last VS and output</b> Time: BP P R EBL <u>75-100cc</u> UO Accucheck results      time Other	<b>Interventions</b> IV FLUIDS: Total amt given <u>2000 +</u> Amt. Remaining Blood/Colloids JP Hemovac Thorovac NG Central Line Art. Line	<b>Equipment</b> IV Pump Suction CPM SCD Other:	
<b>X-Rays done in PACU</b> Chest Hip Knee Other			
<b>Adverse Events occurring intraop or in PACU:</b>			
Hypertension treated with:			
Hypotension treated with:			
Respiratory Difficulties treated with:			
<b>Meets goal for discharge: Aldrete Score of 8 with no zeros. Score</b> <u>10</u>			
Report to		Date:      Time:	
<b>FAMILY NOTIFIED OF DISCHARGE FROM PACU:</b>			
PACU RN giving report: <u>Thomas</u>			

Patient: 0000241615 STRONG, THOMAS LFE Physician: LINCA, Linderman, Catherine, M.D. Specialty: OS-OTHER SPECIALTY O.R.: O.R.-4-OPERATING ROOM 4		Account No: 000310663059 Room-Bed/T: Loc: Oper Date: 06/25/04		DOB: 09/03/81 Age: 22 Sex: M		Eastern Idaho RMC Run Date: 06/25/04 Run Time: 1226 Case Closed/Transmitted:		Page: 1						
PROPOSED Procedures p SPINAL CORD STIMULATOR		Severity MAJOR2	R/L/B ANES TYPE MONITORED ANESTHESIA	ASA CLASS CLASS I	ACTUAL Procedures p SPINAL CORD STIMULATOR		Severity MAJOR2	R/L/B Wound CL	Surgeon LINCA	CUT CL	CL			
PRE OP DIAGNOSIS 1. OCCIPITAL NEURALGIA.					POST OP DIAGNOSIS 1. OCCIPITAL NEURALGIA.									
ES by MELISSA L WOOD on 06/25/04 at 0833					ES by MELISSA L WOOD on 06/25/04 at 0833									
MED: MAXALT, PENICILLIN CONTRAST: No Known Contrast Allergies OTHER: NO KNOWN ALLERGIES (OTHER) FOOD: No Known Food Allergies														
CASE TIMES INTO HOLDING: 0545 OUT OF OR: 1059		CASE TIMES INTO OR: 0730 INTO RECOVERY: 0900		CASE TIMES ANESTHESIA STARTED: OUT OF RECOVERY:		CASE TIMES CUT: 0807		CASE TIMES CLOSE: 1058						
ES by MELISSA L WOOD on 06/25/04 at 1218														
SURGEONS SURGEON Linderman, Catherine, M.D. ASSISTING		IN-OUT IN-OUT		ANES. STAFF ANES. MD Murphy, Marcus E., M.D. ASSIST/CRNA Wright, Mary		IN-OUT IN-OUT		OTHER CASE STAFF Scrub THEISEN, RICHARD J Circulator DISANTO, EVE L WOOD, MELISSA L Assistant Other TURNMIRE, BECKY J KIENITZ, SANDRA RN LERWILL, LACCE, MA TIM ORR Penfusion				TYPE CSI RN RN X-RAY X-RAY SALTS RCP - ANS SALTS RCP - ANS	IN-OUT IN-OUT 0901	IN-OUT
ES by MELISSA L WOOD on 06/25/04 at 0917		ES by MELISSA L WOOD on 06/25/04 at 0917		ES by MELISSA L WOOD on 06/25/04 at 0917		ES by MELISSA L WOOD on 06/25/04 at 0917		ES by MELISSA L WOOD on 06/25/04 at 0917						

Washed Due to Contamination

**ANS** Model # 3156  
 Lot# 25852  
 SN N/A

**Supp**  
**ANS** Model # 3850  
 Lot# 27959  
 SN P19302

**ANS** Model# 3156  
 Lot# 25042  
 SN N/A

**ANS** Model # 3156  
 Lot# 28043  
 SN N/A

**493** **ANS** Model # 3348  
 Lot# 19925  
 SN N/A

**ANS** Model # 3609  
 Lot# 24575A  
 SN 009570

Patient: 0000241615 STRONG, THOMAS LEE		Account No: 000310663059		DOB: 09/03/81		Eastern Idaho RMC		Page: 6	
Physician: LINCA-Linderman, Catherine, M.D.		Room/Bed/T Loc:		Age: 22		Run Date: 06/25/04			
Specialty: OS-OTHER SPECIALTY		Oper Date: 06/25/04		Sex: M		Run Time: 1226			
O.R.: O.R.-4-OPERATING ROOM 4		Case Closed/Transmitted:							
Proposed Procedures: p SPINAL CORD STIMULATOR		Severity: MAJOR2		R/L/B: MONITORED ANESTHESIA		Actual Procedures: p SPINAL CORD STIMULATOR		Severity: MAJOR2	
Pre Op Diagnosis: 1. OCCIPITAL NEURALGIA.						Post Op Diagnosis: 1. OCCIPITAL NEURALGIA.			
<p>NOTATION</p> <p>FS = Electronically Signed</p> <p>USER LEGEND</p> <p>DMUELL = CATHERINE LINDERMAN DNUCT = CHRISTY JENKOWICZ</p> <p>DOCTOR/CRNA LEGEND</p> <p>LINCA = Catherine Linderman M.D.</p> <p>USER LEGEND</p> <p>DORRLO = JVL I DISANTO, REGISTERED NURSE DORRMO = MELISSA I WOOD, REGISTERED NURSE</p> <p>DOCTOR/CRNA LEGEND</p> <p>MURME = Marcus E. Murphy M.D.</p> <p>USER LEGEND</p> <p>DORRRT = RICHARD J THOMPSON, CERT SCRUB TECH DROBJT = BUCKY J THURNMIRE, X-RAY TECHNICIAN</p> <p>DOCTOR/CRNA LEGEND</p> <p>WATMA = Mary Waight</p>									

Patient: D000241615 STRONG, THOMAS LEE Account No: D00310663059 DOB: 09/03/61 Eastern Idaho BME Page: 1  
 Physician: LINCA-Linderman, Catherine, M.D. Room/Bed/T Loc: Age: 22 Run Date: 06/25/04  
 Specialty: OS-OTHER SPECIALTY Oper Date: 06/25/04 Sex: M Run Time: 1253  
 Q.R. D.R. 4-OPERATING ROOM 4 Case Closed/Transmitted:

PROPOSED Procedures p SPINAL CORD STIMULATOR	Severity MAJOR?	R/L/B	ANES TYPE MONITORED ANESTHESIA	ASA CLASS CLASS 1	ACTUAL Procedures p SPINAL CORD STIMULATOR	Severity MAJOR?	R/L/B	Wound CL	Surgeon LINCA	CUT CL
PRE OP DIAGNOSIS 1. OCCIPITAL NEURALGIA.					POST OP DIAGNOSIS 1. OCCIPITAL NEURALGIA.					
ES by MELISSA L WOOD on 06/25/04 at 0833					ES by MELISSA L WOOD on 06/25/04 at 0833					

PATIENT ALLERGIES (Last Filed 06/25/04 0548)

MED: MAXALT, PENICILLIN  
 CONTRAST: No Known Contrast Allergies  
 OTHER: NO KNOWN ALLERGIES (OTHER)  
 FOOD: No Known Food Allergies

DATE	TIME	INVASIVE PROCEDURE	SITE	SIZE	DOCTOR	STAFF	QTY	COMMENT
** N/A **								

CASE TIMES	CASE TIMES	CASE TIMES	CASE TIMES	CASE TIMES
INTO HOLDING: 0848	INTO OR: 0730	ANESTHESIA STARTED:	CUT: 0807	CLOSE: 1058
OUT OF OR: 1059	INTO RECOVERY: 1100	OUT OF RECOVERY: 1300		

ES by MELISSA L WOOD on 06/25/04 at 1218

PACU ASSESSMENTS

06/25/04 1125 HINEROWICZ, CHRISTY **Report from WAITING AREA** **ADMISSION ASSESSMENT** -IV site checked. Y -Pt's position SITTING -tubes/drains patent. N/A -Ice pack. Y -Extremities warm and pink. Y -TED hose on. N -Jost pumps on. N -Warm blankets/Warm Touch. N -Axiolot. N/A -Art line/CVP, balance/calibrate. N/A **STANDARDS OF CARE** B/P, HR, R, SaO2: 05-15 min until stable: Temp once, exceptions noted.	06/25/04 1253 HINEROWICZ, CHRISTY **DISCHARGE ASSESSMENT** -IV site checked. Y -tubes/drains patent. N/A -Extremities warm and pink. Y -Jost pumps on. N -Algate Score 8/10 prior to discharge** -Discharge Aldrete: 10 -General appearance: AWAKE -Ventures with pt. N/A -transported by: RN -to PACU Holding Area: -Released from PACU Holding: **Nursing Dx Anxiety Desired Outcome** Pt shows signs of decreased fear, anxiety, or pain. 1. Verbalization of less fear, anxiety, & pain. Y 2. Relaxed appearance. Y
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DATE	TIME	PACU MEDICATIONS ADMINISTERED	DOSE	QTY	ROUTE	SITE	GIVEN BY
06/25/04	1125	FENTANYL	100 MCG/2CC	609462	25MCG	1 IV	IV LINE DNUCT
06/25/04	1130	FENTANYL	100 MCG/2CC	609462	25MCG	0 IV	IV LINE DNUCT
06/25/04	1145	ZOFIRAN	4 MG/ML IV	4MG	1 IV	IV LINE DNUCT	
06/25/04	1156	FENTANYL	100 MCG/2CC	609462	25MCG	0 IV	IV LINE DNUCT

PACU BLOOD PRODUCTS SCREEN  
 \*\* N/A \*\*

ES by CHRISTY HINEROWICZ on 06/25/04 at 1248

ES by CHRISTY HINEROWICZ on 06/25/04 at 1248

Patient: 0000241615 STRONG, THOMAS LEE Account No: [REDACTED] Eastern Idaho RMC Page: 2  
 Physician: LINCA-Linderman, Catherine, M.D. Room-Bed/T.Loc: Age: 27 Run Date: 06/25/04  
 Specialty: OS-OTHER SPECIALTY Oper Date: 06/25/04 Sex: M Run Time: 1253  
 D.R.: D.OR-4-OPERATING ROOM 4 Case Closed/Transmitted:

Proposed Procedures: p SPINAL CORD STIMULATOR Severity: MAJOR2 R/L/B: Anes Type: MONITORIO ANESTHESIA Actual Procedures: p SPINAL CORD STIMULATOR Severity: MAJOR2 R/L/B: Wound Surgeon: CL LINCA CUT: CL  
 Pre Op Diagnosis: 1. OCCIPITAL NEURALGIA. Post Op Diagnosis: 1. OCCIPITAL NEURALGIA.

DATE	TIME	USER	TYPE	PACU INTAKE'S UTILIZED	SITE	Beg AMT	Pacu VOL	Tot VOL	End LTC	DATE	TIME	USER	TYPE	OUTPUTS	SITE	VOL	Tot VOL
06/25/04	1100	DNUCT	CRYST OR CRYSTALLOID GIVEN			2000	2000	2000	0	06/25/04	1100	DNUCT	BLOOD	OTHER		75	75
06/25/04	1100	DNUCT	CRYST OR CRYSTALLOID GIVEN			1000	0	2000	1000						Total	75	
06/25/04	1247	DNUCT	CRYST LACTATED RINGERS SOL			1000	200	200	800								
						Total	2200										

CS by CHRISTY TENEROWICZ on 06/25/04 at 1248

**PACU NOTES**  
 1100 PI ADMITTED TO PACU FROM DR. PI IS SITTING UPRIGHT AND COUGHING. HEMOPTYSIS NOTED. COURSE RALLS THROUGHOUT B/T LUNG FIELDS. CRNA AWARE. PORTABLE CXR ORDERED. HR IS ELEVATED. INITIAL SPO2 80%. O2 APPLIED PER FACE MASK. SPO2 INCREASES TO 95% ON MASK.  
 1105 PI STILL COUGHING UP BLOOD. DR. MURPHY PAGED.  
 1110 DR. MURPHY AT BEDSIDE DISCUSSING WITH DR. LINDERMAN. PI IS AWAKE AND ALERT. REPORTS "BUBBLING" SENSATION IN CHEST. XRAY HAS BEEN COMPLETED.  
 1125 PI MEDICATED WITH FENTANYL FOR PAIN. STILL REQUIRES O2 PER MASK.  
 1135 O2 MASK REPLACED WITH O2 AT 4L PER NC.  
 Addendum: 06/25/04 1150 TENEROWICZ, CHRISTY  
 1150 PI IS NOW RISING QUIETLY. HE DOES OCCASIONALLY COUGH AND SPIT SMALL AMOUNT OF BLOOD BUT IT APPEARS TO HAVE SLOWED DOWN. O2 IS ON AT 4L PER NC WITH SPO2 IN LOW 90'S. PI PREFERS CANNULA TO MASK AND HE WAS FREQUENTLY REMOVING MASK TO COUGH AND SPIT.  
 Addendum: 06/25/04 1203 TENEROWICZ, CHRISTY  
 1205 DR. LINDERMAN AT BEDSIDE AGAIN. PI REQUIRES O2 AT 5L PER NC. HE APPEARS TO BE BREATHING EASIER. HEMOPTYSIS IS NOW RARE ALTHOUGH HE STILL HAS OCCASIONAL COUGH. PI WILL BE ADMITTED FOR OBSERVATION.  
 Addendum: 06/25/04 1247 TENEROWICZ, CHRISTY  
 1225 DR. MURPHY AT BEDSIDE. PI WILL BE SENT TO DSC FOR CONTINUED OBSERVATION.  
 1240 MEETS DC CRITERIA. REPORT GIVEN TO DSC TO ASSUME PT CARE UNTIL XRAY THIS EVENING.  
 CS by CHRISTY TENEROWICZ on 06/25/04 at 1247

**Aldrete SCORE**

DATE	TIME	USER	ACTIVITY	RESPIRATION	CIRCULATION	CONSCIOUSNESS	COLOR	TOTAL
06/25/04	1100	DNUCT	2	1	1	2	2	8
06/25/04	1115	DNUCT	2	1	1	2	2	8
06/25/04	1130	DNUCT	2	1	1	2	2	8
06/25/04	1145	DNUCT	2	2	2	2	2	10
06/25/04	1200	DNUCT	2	2	2	2	2	10
06/25/04	1215	DNUCT	2	2	2	2	2	10
06/25/04	1230	DNUCT	2	2	2	2	2	10
06/25/04	1245	DNUCT	2	2	2	2	2	10

CS by CHRISTY TENEROWICZ on 06/25/04 at 1251

Patient: 0000241615 STRONG, THOMAS LEE  
 Physician: LINCA-Linderman, Catherine, M.D.  
 Specialty: OS-OTHER SPECIALTY  
 OR: 0. OR-4-OPERATING ROOM 4

No: [REDACTED]  
 Room-Bed/1. Loc: [REDACTED]  
 Oper Date: 06/25/04

Age: 22  
 Sex: M

Eastern Idaho RMC  
 Run Date: 06/25/04  
 Run Time: 1253

Page: 3  
 Case Closed/Transmitted:

Proposed Procedures	Severity	R/L/B	Anes Type	Actual Procedures	Severity	R/L/B	Wound	Surgeon	CUT	CL
p SPINAL CORD STIMULATOR	MAJOR2		MONITORED ANESTHESIA	p SPINAL CORD STIMULATOR	MAJOR2		CL	LINCA		

Pre Op Diagnosis:  
 1. OCCIPITAL NEURALGIA.

Post Op Diagnosis:  
 1. OCCIPITAL NEURALGIA.

	VITAL SIGNS					
	06/25 1100 DNUCT	06/25 1105 DNUCT	06/25 1101 DNUCT	06/25 1110 DNUCT	06/25 1115 DNUCT	06/25 1130 DNUCT
Blood Pressure:	137/63				116/69	103/26
BP Source:	ARM-R					
Pulse:	127	128		148	126	133
Respirations:	28	29	28	28	24	22
SpO2%:	85	95	90	94	94	95
O2 Flow:	RA		12L MASK			4L NC
Temperature:	96.1					
Temp Source:	TYM					
Behavior Scale:	2					1
Nausea scale:	NONE					1
Sedation Level:	0 None					0 None
OP Site:	2					2

	06/25 1145 DNUCT	06/25 1154 DNUCT	06/25 1200 DNUCT	06/25 1215 DNUCT	06/25 1230 DNUCT	06/25 1245 DNUCT
Blood Pressure:	117/54		105/51	111/57	108/84	114/89
BP Source:						
Pulse:	107		122	115	107	95
Respirations:	20		16	24	16	20
SpO2%:	91	90	94	94	91	93
O2 Flow:		5L NC		5L NC	5L NC	5L NC
Temperature:				96.8		96.8
Temp Source:				TYM		TYM
Behavior Scale:				1	0	0
Nausea scale:				0	NONE	NONE
Sedation Level:				0 None	0 None	0 None
OP Site:				2	2	2

ES by CHRISTY TENEROWICZ on 06/25/04 at 1251

		PACU TRANSFER DATA RECEIVING STAFF: TENEROWICZ, CHRISTY PATIENT DESTINATION: DAY SURGERY CENTER REPORT GIVEN TO: MCCLURE, CARLA J TRANSPORT METHOD: STRETCHER ES by CHRISTY TENEROWICZ on 06/25/04 at 1248
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Patient: 0000241615 STRONG, THOMAS L & L  
Physician: LINCA-Linderman, Catherine M.D.  
Specialty: OS-OTHER SPECIALTY  
O.R.: O.R.-4-OPERATING ROOM 4

Room/Bed/Unit: [REDACTED]  
Oper Date: 06/25/04

Age: 27  
Sex: M

Eastern Idaho RMC  
Run Date: 06/25/04  
Run Time: 1253

Page: 4

Case Closed/Transmitted:

Proposed Procedures  
p SPINAL CORD STIMULATOR

Severity  
MAJOR?

R/L/B: Anes Type  
MONITORED ANESTHESIA

Actual Procedures  
p SPINAL CORD STIMULATOR

Severity  
MAJOR?

R/L/B Wound: Surgeon: CUT CL  
CL LINCA

Pre Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

NOTATION

FS = Electronically Signed

USER LEGEND

DNUGJM = CARLA J MCCLURE

USER LEGEND

DNUGT = CHRISTY TILNEKOWICZ

DOCTOR/CRNA LEGEND

LINCA = Catherine Linderman M.D.

Patient: 0000241615 STRONG, THOMAS LTL		Room/Bed/T Loc: [REDACTED]		Age: 22		Run Date: 06/25/04		Eastern Idaho RMC		Page: 1		
Physician: LINCA-Linderman, Catherine, M.D.		Oper Date: 06/25/04		Sex: M		Run Time: 1855						
Specialty: OS-OTHER SPECIALTY												
O.R.: D-OR-4-OPERATING ROOM 4												
Case Closed/Transmitted:												
Proposed Procedures		Severity	R/L/B	Anes Type	Actual Procedures		Severity	R/L/B	Wound	Surgeon	CUT	CL
SPINAL CORD STIMULATOR		MAJOR?		MONITORED ANESTHESIA	p SPINAL CORD STIMULATOR		MAJOR?		CL	LNCA		
Pre Op Diagnosis:		Post Op Diagnosis:										
OCCIPITAL NEURALGIA		1. OCCIPITAL NEURALGIA,										
MED: MAXALT, PENICILLIN												
CONTRAST: No Known Contrast Allergies												
OTHER: NO KNOWN ALLERGIES (OTHER)												
FOOD: No Known Food Allergies												
PATIENT ALLERGIES (Last Filed 06/25/04 1750)												

250

Patient: 000241615 STRONG, THOMAS LEE  
Physician: LINCA-Linderman, Catherine, M.D.  
Specialty: OS-ORTH R SPECIALTY  
O.R.: 0 OR-4 OPERATING ROOM 4

Room-Bed/T.Loc: [REDACTED]  
Oper Date: 06/25/04

Age: 22  
Sex: M

Run Date: 06/25/04  
Run Time: 1855

Eastern Idaho RMC

Page: 2

Case Closed/Transmitted:

Proposed Procedures	Severity	R/L/B	Anes Type	Actual Procedures	Severity	R/L/B	Wound	Surgeon	CUT	CL
SPINAL CORD STIMULATOR	MAJOR2		MONITORED ANESTHESIA	p SPINAL CORD STIMULATOR	MAJOR2		CL	LINCA		

Pre Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

#### PRE-OP ASSESSMENTS

06/25/04 1850 KOSS, LAUREN F

DATE	06/25/04	06/25/04	06/25/04	06/25/04	06/25/04	06/25/04	06/25/04	06/25/04	DATE	06/25/04	06/25/04	06/25/04
TIME	1300	1315	1330	1345	1400	1430	1500	1530	TIME	1600	1600	1850
Activity:	2	2	2	2	2	2	2	2	Activity:	2	2	2
Resp:	1	1	1	1	1	1	1	1	Resp:	1	1	1
Circ:	2	2	2	2	2	2	2	2	Circ:	2	2	2
LOC:	2	2	2	2	2	2	2	2	LOC:	2	2	2
O2 Sat:	1	1	1	1	1	1	1	1	O2 Sat:	1	1	1
Pain:	2	2	2	2	2	1	1	1	Pain:	1	2	2
Dressing:	2	2	2	2	2	2	2	2	Dressing:	2	2	2
Amb:									Amb:		2	2
N/V:	2	2	2	2	2	2	2	2	N/V:	2	2	2
Voiding:									Voiding:		2	2
TOTAL									TOTAL		18	18
NURSE: DNUSSC		DNUSSC	DNUSSC	DNUSSC	DNUSSC	DNUSSC	DNUSSC	DNUSSC	NURSE: DNUSSC	DNUACH	DNULEK	

Adult Aldrete Modifiers \* Indicates N/A

Activity: 2 Able to move '4' extremities voluntarily or on command.  
1 Able to move '2' extremities voluntarily or on command.  
0 Unable to move extremities voluntarily or on command.

Resp: 2 Able to breathe deep & cough.  
1 R/S clear and equal bilat.  
0 Limited, tachypneic.

Circ: 2 BP +/- 20% of pre-anesthesia  
1 BP +/- 20-49% of pre-anesthesia  
0 BP +/- 50% of pre-anesthesia

LCC: 2 Fully awake.  
1 Arousable to verbal stimuli.

Pain: 2 Pain level 0-4.  
1 Moderate pain (5-6) handled by oral medication.  
0 Severe (> 10) requiring parenteral medication.

Dressing: 2 Dry and Clean.  
1 Wet but stationary and marked.  
0 Growing area of wetness.

Amb: 2 Able to stand and walk straight, or at baseline.  
1 Vertigo when erect.  
0 Dizzy when supine.

N/V: 2 Able to tolerate fluids.  
1 Nauseated.  
0 Nausea and vomiting.

0 No response.

O2 Sat: 2 SPO2 > 90% on RA or at baseline.  
1 SPO2 > 90% on O2.  
0 SPO2 < 90% on O2.

Voiding: 2 Has voided or is not required.  
1 Unable to void but comfortable.  
0 Unable to void and uncomfortable.

06/25/04 1408 CYRONLEK, SUSAN S

Post Procedure Assessment done at: 1300 Received from: PACU Mod Aldrete >9: Y  
Transport Mode: Stretcher LOC: Awake

Re-oriented to room: Y Call light in reach: Y Procedure site checked: Y  
Side rails: UP Armband on: Y Drains patent:  
Bed position: DOWN IV site checked: Y  
Bed locked: Y Family or S/O at bedside: Y  
HOB elevated: Y  
Cardiovascular within baseline: Y Respiratory within baseline: N  
Distal pulses within baseline: Y O2 flow: 5L Vial: Cannula

Patient:	D008741615 STRONG, THOMAS ILE	Account No:	[REDACTED]	Age:	72	Run Date:	06/25/04	Eastern Idaho RHC	Page:	3							
Physician:	LINCA-Linderman, Catherine, M.D.	Room-Bed/T.Loc:		Sex:	M	Run Time:	1855										
Specialty:	OS-DIHER SPECIALTY	Oper-Date:	06/25/04			Case Closed/Transmitted:											
O.R.:	D OR-4-OPERATING ROOM 4																
Proposed Procedures	Severity	R/L/B	Anes Type	Actual Procedures	Severity	R/L/B	Wound	Surgeon	CUT	CL							
SPIRAL CORD STIMULATOR	MAJOR?		MONITORED ANESTHESIA	p SPIRAL CORD STIMULATOR	MAJOR?		CI	LINCA									
Pre Op Diagnosis:				Post Op Diagnosis:													
L OCCIPITAL NEURALGIA.				L OCCIPITAL NEURALGIA.													
Neurologically within baseline; Y Bowel sounds present; Y Skin warm, dry and pink; Y Extremity elevated and cool; Orders on chart: Y Dr. visited with family: N Additional comments: PATIENT RECEIVED FROM PACU. BED IN HI FOWLERS. PATIENT IS COUGHING UP BRIGHT RED BLOOD. LUNG SOUNDS COARSE BILATERALLY UPPER AND LOWER LOBES. IV PATENT AT TO KEEP OPEN.																	
DATE	TIME	PRE-OP MEDS ADMINISTERED	DOSE	QTY	ROUTE	SITE	GIVEN BY	PRE-OP BLOOD PRODUCTS SCREEN									
			** N/A **														
IS by LAUREN E KOSS on 06/25/04 at 1855								IS by LAUREN E KOSS on 06/25/04 at 1855									
DATE	TIME	USER	TYPE	PRE-OP INTAKE'S UTILIZED	SITE	Beg AMT	PreOp VOL	Tot VOL	End LTC	DATE	TIME	USER	TYPE	OUTPUTS	SITE	VOL	Tot VOL
06/25/04	1514	DRUSSC	CRYST	LACTATED RINGERS SOL		800	50	50	750	06/25/04	1800	DMULEK	URINE	VOIDED			
06/25/04	1600	DRUSSC	ORAL	CLEAR LIQUIDS		360	360	360	0								
06/25/04	1800	DMULEK	ORAL	FULL LIQUIDS		240	240	240	0								
						total	650										
IS by LAUREN E KOSS on 06/25/04 at 1855										IS by LAUREN E KOSS on 06/25/04 at 1855							

Patient: 0000241615 STRONG, THOMAS VII		Room-Bed/T Loc: [REDACTED]		Age: 77		Run Date: 06/25/04		Eastern Idaho RMC		Page: 5																																																																																										
Physician: LINCA-Linderman, Catherine, M.D.		Oper Date: 06/25/04		Sex: M		Run Time: 1855																																																																																														
Specialty: OS-OTHER SPECIALTY						Case Closed/Transmitted:																																																																																														
O.R.: D-OR-4-OPERATING ROOM 4																																																																																																				
Proposed Procedures		Severity	R/L/B	Anes Type	Actual Procedures	Severity	R/L/B	Wound	Surgeon	CUT	CL																																																																																									
SPINAL CORD STIMULATOR		MAJOR?		MONITORED ANESTHESIA	p SPINAL CORD STIMULATOR	MAJOR?		CI	LINCA																																																																																											
Pre Op Diagnosis:						Post Op Diagnosis:																																																																																														
1. OCCIPITAL NEURALGIA.						1. OCCIPITAL NEURALGIA.																																																																																														
<p>1830 I ACCOMPANIED PT TO BR WHEN HE VOIDED. STEADY ON FEET. DENIES DIZZINESS. BACK TO BED. PT TAKING SHALLOW BREATHS AS HIS CHEST IS VERY IRRITABLE. LUNGS ARE SLIGHTLY COARSE. BILAT LOWER LOBES POSTERIORLY. UPON RETURN TO BED. O2 SAT 89% ON RA. O2 REAPPLIED VIA NASAL CANNULA. CONTINUES WITH HEMOPTYSIS.</p> <p>1845 C/O FEELING HUNGRY. GIVEN PORNOST TV DINNER. ATE 100%.</p> <p>1855 TO FLOOR VIA STRETCHER.</p> <p>ES by LAUREN L. KOSS on 06/25/04 at 1854</p>																																																																																																				
CASE TIMES		CASE TIMES		CASE TIMES		CASE TIMES		CASE TIMES		CASE TIMES																																																																																										
INTO HOLDING: 0645		INTO OR: 0730		ANESTHESIA STARTED:		OUT: 0807		CLOSE: 1058																																																																																												
OUT OF OR: 1059		INTO RECOVERY: 1100		OUT OF RECOVERY:																																																																																																
ES by MELISSA L. WOOD on 06/25/04 at 1218																																																																																																				
						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">Aldrete SCORE</th> </tr> <tr> <th>DATE</th> <th>TIME</th> <th>USER</th> <th>ACTIVITY</th> <th>RESPIRATION</th> <th>CIRCULATION</th> <th>CONSCIOUSNESS</th> <th>COLOR</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>06/25/04</td> <td>1100</td> <td>DNUCI</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>8</td> </tr> <tr> <td>06/25/04</td> <td>1115</td> <td>DNUCI</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>8</td> </tr> <tr> <td>06/25/04</td> <td>1130</td> <td>DNUCI</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>8</td> </tr> <tr> <td>06/25/04</td> <td>1145</td> <td>DNUCI</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>10</td> </tr> <tr> <td>06/25/04</td> <td>1200</td> <td>DNUCI</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>10</td> </tr> <tr> <td>06/25/04</td> <td>1215</td> <td>DNUCI</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>10</td> </tr> <tr> <td>06/25/04</td> <td>1230</td> <td>DNUCI</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>10</td> </tr> <tr> <td>06/25/04</td> <td>1245</td> <td>DNUCI</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>10</td> </tr> </tbody> </table> <p>ES by CHRISTY TENROWICZ on 06/25/04 at 1251</p>						Aldrete SCORE								DATE	TIME	USER	ACTIVITY	RESPIRATION	CIRCULATION	CONSCIOUSNESS	COLOR	TOTAL	06/25/04	1100	DNUCI	2	1	1	2	2	8	06/25/04	1115	DNUCI	2	1	1	2	2	8	06/25/04	1130	DNUCI	2	1	1	2	2	8	06/25/04	1145	DNUCI	2	2	2	2	2	10	06/25/04	1200	DNUCI	2	2	2	2	2	10	06/25/04	1215	DNUCI	2	2	2	2	2	10	06/25/04	1230	DNUCI	2	2	2	2	2	10	06/25/04	1245	DNUCI	2	2	2	2	2	10
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06/25/04	1245	DNUCI	2	2	2	2	2	10																																																																																												

Patient: 0006241615 STRONG, THOMAS III  
Physician: LINCA-Linderman, Catherine, M.D.  
Specialty: OS-OTHER SPECIALTY  
O.R.: D.O.R-4-OPERATING ROOM 4

Room: Bed 71100  
Oper Date: 06/25/04

Age: 77  
Sex: M

Eastern Idaho RMC

Page: 6

Run Date: 06/25/04  
Run Time: 1855

Case Closed/Transmitted:

Proposed Procedures  
p SPINAL CORD STIMULATOR

Severity  
MAJOR2  
R/L/B  
Anes Type  
MONITORED ANESTHESIA

Actual Procedures  
p SPINAL CORD STIMULATOR

Severity  
MAJOR2  
R/L/B  
Wound  
CL  
Surgeon  
LINCA  
CUT  
CL

Pre Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

VITAL SIGNS

Blood Pressure:	06/25 1100 DNUCT	06/25 1105 DNUCT	06/25 1101 DNUCT	06/25 1110 DNUCT	06/25 1115 DNUCT	06/25 1130 DNUCT
BP Source:	137/63				116/69	103/26
Pulse:	ARM-R					
Respirations:	127	128		148	126	133
SpO2%:	28	28	28	28	24	22
O2 Flow:	85	95	90	94	94	95
Temperature:	RA		12L MASK			4LNC
Temp Source:	96.1					
Behavior Scale:	LYM					
Nausea scale:	2					1
Sedation Level:	NONE					1
OP Site:	0 None					0 None
	2					2

Blood Pressure:	06/25 1145 DNUCT	06/25 1154 DNUCT	06/25 1200 DNUCT	06/25 1215 DNUCT	06/25 1230 DNUCT	06/25 1245 DNUCT
BP Source:	117/54		105/51	111/57	108/84	114/89
Pulse:						
Respirations:	107		122	115	107	95
SpO2%:	20		16	24	16	20
O2 Flow:	91	90	94	94	91	93
Temperature:		5L NC		5LNC	5L NC	5L NC
Temp Source:				96.8		96.8
Behavior Scale:				TYM		TYM
Nausea scale:				1	0	0
Sedation Level:				1	NONE	NONE
OP Site:				0 None	0 None	0 None
				2	2	2

Blood Pressure:	06/25 1300 DNUSSC	06/25 1315 DNUSSC	06/25 1330 DNUSSC	06/25 1345 DNUSSC	06/25 1415 DNUSSC	06/25 1430 DNUSSC
BP Source:	109/60	107/66	99/65	103/65	105/65	99/57
Pulse:	ARM-R	ARM-R	ARM-R	ARM-R	ARM-R	ARM-R
Respirations:	105	95	103	92	83	87
SpO2%:	20	24	20	20	20	20
O2 Flow:	92	95	95	96	98	98
Temperature:	5L	5L	5L	4L	3L	3L
Temp Source:	95.4					
Behavior Scale:	ORL					
Nausea scale:						
Sedation Level:						
OP Site:						

Blood Pressure:	06/25 1500 DNUSSC	06/25 1530 DNUSSC	06/25 1600 DNUSSC	06/25 1800 DNUACM
BP Source:	107/65	107/63	117/61	106/62
Pulse:	ARM-R	ARM-R	ARM-R	DM
Respirations:	82	87	85	92
	20	20	20	20

Patient: 000241615 STRONG, THOMAS LUI		Room/Bed/T Loc: [REDACTED]		Age: 22		Run Date: 06/25/04		Eastern Idaho HMC		Page: 7		
Physician: LINCA, Linderman, Catherine, M.D.		Oper Date: 06/25/04		Sex: M		Run Time: 1855						
Specialty: OS-OTHER SPECIALTY												
O.R.: D.OH-4-OPERATING ROOM 4		Case Closed/Transmitted:										
Proposed Procedures		Severity	R/L/B	Anes Type	Actual Procedures		Severity	R/L/B	Wound	Surgeon	CUT	CL
p SPINAL CORD STIMULATOR		MAJOR2		MONITORED ANESTHESIA	p SPINAL CORD STIMULATOR		MAJOR2		CI	LINCA		
Pre Op Diagnosis:		Post Op Diagnosis:										
1. OCCIPITAL NEURALGIA		1. OCCIPITAL NEURALGIA										
SpO2:	98	98	98	98								
O2 Flow:	3L	3L	2L	3L								
Temperature:		97.3										
Temp Source:		ORL										
Behavior Scale:												
Nausea scale:												
Sedation level:												
JP Site:												
ES by LAUREN E KOSS on 06/25/04 at 1851												
PRE-OPERATIVE TRANSFER DATA — IN — OUT — IN — OUT —												
** N/A **												

NOTATION		
IS = Electronically Signed		
USER LEGEND		
ANJAM = ALICE C MCKENZIE, PRACTICAL NURSE	USER LEGEND	USER LEGEND
DNJCT = CHRISTY TENEROWICZ	DNJTK = LAUREN E KOSS	DNJSSC = SUSAN S CYRONIK, REGISTERED NURSE
DOCTOR/CRNA LEGEND		
LINCA = Catherine Linderman M.D.		

Patient: D000241615 STRONG, THOMAS LEE Physician: LINCA-Linderman, Catherine, M.D. Specialty: OS-OTHER SPECIALTY O.R.: D OR-4-OPERATING ROOM 4		Room-Bed/T Loc: _____ Oper Date: 06/25/04	Age: 22 Sex: M	Eastern Idaho RMC Run Date: 06/25/04 Run Time: 1226 Case Closed/Transmitted:	Page: 2
Proposed Procedures: p SPINAL CORD STIMULATOR	Severity: MAJOR? R/L/B: _____ Anes Type: MONITORED ANESTHESIA	Actual Procedures: p SPINAL CORD STIMULATOR	Severity: MAJOR? R/L/B: _____ Wound: CL Surgeon: LINCA CUT: _____ CL: _____		
Pre Op Diagnosis: 1. OCCIPITAL NEURALGIA.		Post Op Diagnosis: 1. OCCIPITAL NEURALGIA.			
ASSESSMENTS					
06/25/04 0832 WOOD, MELISSA L PATIENT IDENTIFICATION Emergency: N (A blank space indicates not applicable) Name: Y Med Record#: Y Is the patient or a member of their family latex sensitive? N DOB: Y Acct Num: Y Does the patient, or their family, have a history of M/H? N Procedure Verification: Y Family notified: Times Surgical consent signed: Y Skin Integrity: Intact: Y Diaphoretic: _____ History & Physical: ON CHART Warm: Y Cool: _____ All applicable diagnostic studies Dry: Y Other: _____ and X-Ray film available: Y Lab Results: ON CHART Mental Status: Alert: Y Sedated: _____ Blood Available: N Status: Calm Agitated: _____ Anxious Y Confused: _____ Parameters for flash sterilization met: Y Unresponsive: _____ Autoclave #: Other: ORIENTED X THREE. Steris: Physical/Sensory Limitations: _____ Chemical Soak: Visual: Mobility: _____ Time: Temp: Auditory: Language: _____ Sensory Aids: _____ Comments: _____  Pad all bony prominences, consider age, skin condition and mobility. Ensure adequate personnel for transfer to and from OR table. Avoid extreme flexion or extension of joints. OUTCOME: Prevent physical injury and provide safe transport within OR environment. **POTENTIAL FOR INFECTION RELATED TO SURGICAL PROCESS GOAL: No infection related to surgical process. Sterilization indicators checked throughout procedure. Surgical site prep per physician preference cards and according to policy. OUTCOME: Maintenance of appropriate sterile technique. Place safety belt across thighs without impaired circulation. Position with good alignment and symmetry.					
**SHAVE/PREP INFORMATION** Site: BACK OF HEAD. Razor: Y Clipper: _____ Shaved by: _____ DMD/CL: LINDERMAN, CATHERINE FS by MELISSA L WOOD on 06/25/04 at 0828			PREPARATION SCREEN Beta Sol: Y Beta Scrub: Y Etidine: _____ Alcohol: _____ Duraprep: 5% Betadine Prep Site: _____ BACK OF HEAD, DOWN BACK TO BUTTOCKS.		
			CATH/DRAINS SCREENS ** N/A **  FS by MELISSA L WOOD on 06/25/04 at 1059		



Patient: 0000241615 STRONG, THOMAS IFF  
Physician: LINCA-Linderman, Catherine, M.D.  
Specialty: OS-OTHER SPECIALTY  
O.R.: D-OR-4-OPERATING ROOM 4

[REDACTED]  
Oper Date: 06/25/04  
Sex: M

Run Date: 06/25/04  
Run Time: 1226

Eastern Idaho RMC

Page: 3

Case Closed/Transmitted:

Proposed Procedures:  
p SPINAL CORD STIMULATOR

Severity: MAJOR2  
R/L/B: Anes Type: MONITORED ANESTHESIA

Actual Procedures:  
p SPINAL CORD STIMULATOR

Severity: MAJOR2  
R/L/B: Wound: CL  
Surgeon: LINCA  
CUT: CL

Pre-Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post-Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

POSITION:  
PRONE

WIGS:  
ARM BOARD  
UNDER ARMS LESS THAN 90 DEGREE  
LEVEL TO FLOOR, PADDED, BLATT  
SAFETY STRAP  
TWO INCHES ABOVE THE KNEES.  
OTHER  
ROLL BLANKETS UNDER CHST.  
PATIENT POSITIONED SLT.  
FOAM PADS  
UNDER ELBOWS BILATERAL.  
PILLOW  
UNDER HEAD PRE-/POST-OP. UNDER  
LEGS. TOES NOT TOUCHING BED.  
PRONE VIEW HEAD POSITIONER  
POSITIONED BY MARY WATGHT.

DRESSINGS:  
SPONGE 4X4 10'S STERILE.  
TAPE MIDPORL 3"  
ES by MELISSA L WOOD on 06/25/04 at 1059

ES by MELISSA L WOOD on 06/25/04 at 0832

#### EQUIPMENT

D ORXRAYC-ARM2 - C-ARM MACHINE

C ORHYPOTHERMIA - HYPOTHERMIA UNIT #8 CAP50015A  
\*\*K-Thermia:  
Placement: UNDER GEL  
Temperature: 105F

POS FS by MELISSA L WOOD on 06/25/04 at 0832

DATE	TIME	MEDICATIONS ADMINISTERED	DOSE	QTY	ROUTE	SITE	GIVEN BY
06/25/04	0824	PRE OP ANTIBIOTIC CLR ANLSIN	1 GRAM	1 IV	IV LINE		DMDCI
		1 GRAM ANCEP					
06/25/04	0824	MARCAINE .5% PLAIN	602/87 30 ML	1 INJECTION	SURG WOUND	DMDCI	
06/25/04	0825	LIDO 2% C/ 1:100,000	609140 50 ML	1 INJECTION	SURG WOUND	DMDCI	
06/25/04	0824	STERILE WATER	1500ML	1 IRRIGATION	SURG WOUND	DMDCI	
06/25/04	1046	BACITRACIN OINT	603663	1 TOPICAL	SURG WOUND	DMDCI	

FS by MELISSA L WOOD on 06/25/04 at 1047

#### EQUIPMENT

D ORXRAYC-ARM2 - C-ARM MACHINE  
\*\*BOVIE PLACEMENT/SETTINGS:  
Placement of bovie post-PT P THIGH  
Bovie Settings: Coag 20  
Bovie Settings: Cut 20  
Bovie Settings: 00  
Bovie SITE CLEAR PRE/POST-OP.

POS FS by MELISSA L WOOD on 06/25/04 at 0832

BLOOD PRODUCTS SCREEN  
\*\* N/A \*\*

FS by MELISSA L WOOD on 06/25/04 at 1047

Patient: D000241615 STRONG, THOMAS 1E1  
Physician: LINCA-Linderman, Catherine, M.D.  
Specialty: OS-OTHER SPECIALTY  
O.R.: D-OR-4-OPERATING ROOM 4

Room:

Oper Date: 06/25/04

Sex: M

Case Closed/Transmitted:

Eastern Idaho RMC

Page: 4

Run Date: 06/25/04

Run Time: 1726

Proposed Procedures:  
p SPINAL CORD STIMULATOR

Severity  
MAJOR2

R/L/B Anes Type:  
MONITORED ANESTHESIA

Actual Procedures:  
p SPINAL CORD STIMULATOR

Severity R/L/B Wound Surgeon CUT CL  
MAJOR2 CL LINCA

Pre Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

DATE TIME USER TYPE INTAKE'S UTILIZED SITE Beg AMT Oper VOL Tot VOL End LTC  
\*\* N/A \*\*

ES by MELISSA L WOOD on 06/25/04 at 1047

DATE TIME USER TYPE OUTPUTS SITE VOL Tot VOL  
\*\* N/A \*\*

ES by MELISSA L WOOD on 06/25/04 at 1047

SPECIMENS  
\*\* N/A \*\*

CULTURES  
\*\* N/A \*\*

IMPLANTS		Qty	Manufacturer	Surgeon	Lot Number	Catalog Number	Size	Serial Number	Batch Number	Site	Cut	Exp. Date	Qty
Inventory	Type												
D-CENTRAL	CONSIGNED IMPLANT	6	000010	LINCA	25852	3156	3 MM	WASTED DUE TO CONTAMINATION				06/01/06	1
					25042	3156	3 MM	ANS QUATTRODE LEAD KIT				06/01/06	1
					28043	3156	3 MM	ANS QUATTRODE LEAD KIT				11/01/05	1
					R19661	1116	14 G	ANS EPIDURAL NEEDLE 6"				06/01/05	1
					19925	3346	60 CM	ANS EXTENSION DUAL 4 CHANNEL				07/01/05	1
					24575	3609		ANS GENESIS XRB-CHANNEL				10/01/05	1
					27959	3850		P19302 ANS PT PROGRAM					1

Comment: RLF:3850 IS NOT AN IMPLANT. RLF:3156 CONTAMINATION ON STERILE FIELD.

ES by MELISSA L WOOD on 06/25/04 at 1225

EXPLANTS		Qty	Manufacturer	Surgeon	Lot Number	Catalog Number	Size	Serial Number	Batch Number	Site	Cut	Exp. Date	Qty
Explant Description													

\*\* N/A \*\*

ES by MELISSA L WOOD on 06/25/04 at 1225

#### OPERATIVE NOTES

DR. LINDERMAN ASKED PERMISSION OF THE PATIENT TO SHAVE THE OCCIPITAL SITE OF THE HEAD. PATIENT STATED, "IT IS OKAY."

Addendum: 06/25/04, 1225 WOOD, MELISSA L  
REF: 3156. CONTAMINATION OCCURRED ON STERILE FIELD WHILE PHYSICIAN WAS WORKING WITH PRODUCT.

ES by MELISSA L WOOD on 06/25/04 at 1225

Count	Type	Count	Staff 1	Staff 2	Correct	Comment
1	VERIFY ATO	1	0747	WOOD, MELISSA L		
2						
3						
1	INDICATORS	1	THEISEN, RICHARD J	WOOD, MELISSA L		
2		2	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
3		3	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
1	LAPS	1	THEISEN, RICHARD J	WOOD, MELISSA L		
2		2	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
3		3	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
1	RAYTEC	1	THEISEN, RICHARD J	WOOD, MELISSA L		
2		2	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
3		3	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
1	BLADES	1	THEISEN, RICHARD J	WOOD, MELISSA L		
2		2	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
3		3	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
1	NEEDLES	1	THEISEN, RICHARD J	WOOD, MELISSA L		
2		2	THEISEN, RICHARD J	WOOD, MELISSA L	Y	
3		3	THEISEN, RICHARD J	WOOD, MELISSA L	Y	

ES by MELISSA L WOOD on 06/25/04 at 1058

Patient: D000241615 STRONG, THOMAS LEE  
Physician: LINCA-Linderman, Catherine, M.D.  
Specialty: OS-OTHER SPECIALTY  
O.R.: D.OR-4-OPERATING ROOM 4

Oper Date: 06/25/04

Sex: M

Eastern Idaho RMC

Page: 5

Run Date: 06/25/04

Run Time: 1226

Case Closed/Transmitted:

Proposed Procedures:  
p SPINAL CORD STIMULATOR

Severity  
MAJOR2

R/L/B Anes Type  
MONITORED ANESTHESIA

Actual Procedures:  
p SPINAL CORD STIMULATOR

Severity  
MAJOR2

R/L/B Wound Surgeon  
CL LINCA

CUT CL

Pre Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

Post-Op Diagnosis:  
1. OCCIPITAL NEURALGIA.

#### VITAL SIGNS

	06/25 1100 DNUCT	06/25 1105 DNUCT	06/25 1101 DNUCT	06/25 1110 DNUCT	06/25 1115 DNUCT	06/25 1130 DNUCT
Blood Pressure:	137/63				116/69	103/26
BP Source:	ARM-R					
Pulse:	127	128		148	126	133
Respirations:	28	28	28	28	24	22
SpO2%:	85	95	90	94	94	95
O2 Flow:	RA		12L MASK			4LNC
Temperature:	96.1					
Temp Source:	TYM					1
Behavior Scale:	2					1
Nausea scale:	NONE					0 None
Sedation Level:	0 None					2
OP Site:	2					
Blood Pressure:	06/25 1145 DNUCT 117/54	06/25 1154 DNUCT	06/25 1200 DNUCT 105/51	06/25 1215 DNUCT 111/57		
BP Source:						
Pulse:	107		122	115		
Respirations:	20		16	24		
SpO2%:	91	90	94	94		
O2 Flow:		5L NC		5LNC		
Temperature:				96.0		
Temp Source:				TYM		
Behavior Scale:				1		
Nausea scale:				1		
Sedation Level:				0 None		
OP Site:				2		

ES by CHRISTY TENEROWICZ on 06/25/04 at 1221

#### OPERATIVE TRANSFER DATA

PATIENT DESTINATION: RECOVERY ROOM  
REPORT GIVEN TO: TENEROWICZ, CHRISTY  
TRANSPORT METHOD: STRETCHER  
SURGERY OUTCOME: COMPLETED

ES by MELISSA L WOOD on 06/25/04 at 1218

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

6/25

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
NUMBER: [REDACTED] DOB: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.344 A  
RADIOLOGIST: JAMES P. EDLIN, M.D. STATUS: DIS IN  
DATE OF EXAM: 06/26/2004 RAD NUMBER: 188574

EXAMS:

000477446 XR CHEST 2V

CHEST X-RAY, TWO VIEWS, JUNE 26, 2004.

HISTORY: SPINAL CORD STIMULATOR PLACEMENT.

FINDINGS: Frontal and lateral views of the chest are compared with 6/25/04. The heart and mediastinal structures are unremarkable, other than stimulator wires placed over the posterior left chest. The lung fields show bilateral alveolar infiltrates in the upper lungs, which when compared to the previous examination has improved, suggesting improving pulmonary edema.

IMPRESSION: IMPROVING PULMONARY EDEMA SINCE THE PREVIOUS STUDY.

\*\* Electronically Signed by JAMES P EDLIN on 06/28/2004 at 1045 \*\*  
Reported by: JAMES P. EDLIN, M.D.  
Signed by: EDLIN, JAMES P

CC: Catherine Linderman M.D.

Dictated: 06/26/2004 0833 Tech: CHRISTY A. POPE, STUDENT TECH  
Printed: 06/28/2004 1131 Trans: 06/26/2004 1230 by DHICDS

Exc  
6/15/04

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Phone: (208) 227-2600 Fax: (208) 529-7018

---

		Radiology Report
PATIENT NAME:	STRONG, THOMAS LEE	SEX: M
UNIT NUMBER:	D000241615	AGE: 22
NUMBER:	[REDACTED]	DOB: [REDACTED]
ORDERING PHYSICIAN:	Linderman, Catherine, M.D.	ROOM: D.OR
RADIOLOGIST:	KEVIN FUNK, M.D.	STATUS: PRE SDC
DATE OF EXAM:	06/14/2004	RAD NUMBER: 188574

EXAMS:

000474645 XR CHEST 2V

CHEST, TWO VIEWS, JUNE 14, 2004:

HISTORY: PREOP FOR SURGERY.

FINDINGS: PA and lateral views of the chest show no significant cardiopulmonary abnormality.

\*\* Electronically Signed by KEVIN C FUNK on 06/16/2004 at 0805 \*\*  
Reported by: KEVIN FUNK, M.D.  
Signed by: FUNK, KEVIN C

CC: Catherine Linderman M.D.

Dictated: 06/14/2004 1812 Tech: CHARITY SORENSEN, R.T. (R)  
Printed: 06/16/2004 0938 Trans: 06/15/2004 1103 by DHIGMY

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Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

2/25

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.344 A  
RADIOLOGIST: DAVID R. WARDEN III, M.D. STATUS: DIS IN  
DATE OF EXAM: 06/25/2004 RAD NUMBER: 188574

EXAMS:

000477223 XR SPINE 1 V CERVICAL

CERVICAL SPINE, ONE VIEW, AND AP VIEW OF THE UPPER CERVICAL SPINE WAS  
OBTAINED INTRAOPERATIVELY USING A C-ARM, JUNE 25, 2004.

The image shows some radiopaque markers, probably representing the  
spinal cord stimulator which was being placed.

\*\* Electronically Signed by DAVID R WARDEN on 06/28/2004 at 1728 \*\*  
Reported by: DAVID R. WARDEN III, M.D.  
Signed by: WARDEN, DAVID R

CC: Catherine Linderman M.D.

Dictated: 06/25/2004 1624 Tech: ABBEY E. SESSIONS, ISU STUDENT  
Printed: 06/28/2004 1821 Trans: 06/27/2004 1518 by DHICDS

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

6/25

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.344 A  
RADIOLOGIST: DAVID R. WARDEN III, M.D. STATUS: DIS IN  
DATE OF EXAM: 06/25/2004 RAD NUMBER: 188574

EXAMS:

000477259 XR CHEST 1V

CHEST X-RAY, ONE VIEW, JUNE 25, 2004.

CLINICAL HISTORY: SPINAL CORD STIMULATOR PLACEMENT, POSTOPERATIVE  
HEMOPTYSIS AND COUGH.

Single, AP view of the chest was obtained 6/25/04 at 1110 hours using portable technique and compared to the prior examination of the chest performed 6/14/04. There are hazy infiltrates over the upper lungs bilaterally. Since the prior examination, there has been placement of electrodes over the left side of the chest, coursing up over the lower neck. The lower lungs are clear bilaterally. The heart size appears normal.

IMPRESSION:

1. FAINT INFILTRATES IN BOTH UPPER LUNGS.
2. ELECTRODES COURSING OVER THE LEFT SIDE OF THE CHEST.

\*\* Electronically Signed by DAVID R WARDEN on 06/28/2004 at 1728 \*\*  
Reported by: DAVID R. WARDEN III, M.D.  
Signed by: WARDEN, DAVID R

CC: Catherine Linderman M.D.

Dictated: 06/25/2004 1629 Tech: BECKY TURNMIRE, RT(R)  
Printed: 06/28/2004 1821 Trans: 06/27/2004 1425 by DHICDS

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.344 A  
RADIOLOGIST: DAVID R. WARDEN III, M.D. STATUS: DIS IN  
DATE OF EXAM: 06/25/2004 RAD NUMBER: 188574

EXAMS:

000477306 XR CHEST 1V

CHEST X-RAY, ONE VIEW, JUNE 25, 2004.

CLINICAL HISTORY: SPINAL CORD STIMULATOR PLACEMENT, POSTOPERATIVE.

An AP portable view of the chest was obtained on 6/25/04 at 1620 hours and compared to the earlier examination of the chest performed on 6/25/04 at 1110 hours. The infiltrates in the upper lungs bilaterally appear slightly more dense than on the prior examination. No pneumothorax. Electrodes course over the left chest as noted previously.

IMPRESSION:

1. WORSENING INFILTRATES IN THE UPPER LUNGS BILATERALLY.
2. ELECTRODES COURSING OVER THE LEFT CHEST.

\*\* Electronically Signed by DAVID R WARDEN on 06/28/2004 at 1728 \*\*  
Reported by: DAVID R. WARDEN III, M.D.  
Signed by: WARDEN, DAVID R

CC: Catherine Linderman M.D.

Dictated: 06/25/2004 1629 Tech: JESSICO JO MALXOM, ISU STUDENT  
Printed: 06/28/2004 1821 Trans: 06/27/2004 1516 by DHICDS



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Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Radiology Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 22  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.SDS  
RADIOLOGIST: KEVIN FUNK, M.D. STATUS: PRE SDC  
DATE OF EXAM: 06/14/2004 RAD NUMBER: 188574

EXAMS:

000474645 XR CHEST 2V

CHEST, TWO VIEWS, JUNE 14, 2004:

HISTORY: PREOP FOR SURGERY.

FINDINGS: PA and lateral views of the chest show no significant cardiopulmonary abnormality.

\*\* Electronically Signed by KEVIN C FUNK on 06/16/2004 at 0805 \*\*  
Reported by: KEVIN FUNK, M.D.  
Signed by: FUNK, KEVIN C

CC: Catherine Linderman M.D.

Dictated: 06/14/2004 1812 Tech: CHARITY SORENSEN, R.T. (R)  
Printed: 06/24/2004 1906 Trans: 06/15/2004 1103 by DHIGMY

RUN DATE: 06/15/04  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 1

LABORATORY RESULTS

<b>PATIENT: STRONG, THOMAS LEE</b>		<b>ACCT #:</b> D00310663059	<b>LOC:</b> D.OR	<b>U #:</b> D000241615
<b>REG DR:</b> Linderman, Catherine, M.		<b>AGE/SX:</b> 22/M		<b>REG:</b> 06/25/04
		<b>STATUS:</b> PRE SDC		<b>DIS:</b>
<b>SPEC #:</b> 0614:ID:C00271R		<b>COLL:</b> 06/14/04-1644	<b>STATUS:</b> COMP	<b>REQ #:</b> 01327899
		<b>RECD:</b> 06/14/04-1644	<b>SUBM DR:</b> Linderman, Catherine, M.D.	
<b>ENTERED:</b> 06/14/04-1646		<b>OTHR DR:</b>		
<b>ORDERED:</b> LYLES, BUN, CREAT				
Test	Result	Flag	Reference	Site
<u>ELECTROLYTES PROFILE</u>				
SODIUM	141		136-145 MEQ/L	
POTASSIUM	3.8		3.5-5.1 MEQ/L	
CHLORIDE	106		100-110 MEQ/L	
CO2 (BICARB)	28		22-29 MEQ/L	
BUN	15		6-22 MG/	
CREATININE	0.9		0.6-1.3 MG/	

<b>SPEC #:</b> 0614:ID:CG00051R		<b>COLL:</b> 06/14/04-1644	<b>STATUS:</b> COMP	<b>REQ #:</b> 01327899
		<b>RECD:</b> 06/14/04-1644	<b>SUBM DR:</b> Linderman, Catherine, M.D.	
<b>ENTERED:</b> 06/14/04-1646		<b>OTHR DR:</b>		
<b>ORDERED:</b> PT, PTT				
<b>QUERIES:</b> WHAT TYPE OF ANTICOAGULANT IS PATIENT ON? NONE				
DOSAGE?				
WHAT TYPE OF ANTICOAGULANT IS PATIENT ON? NONE				
DOSAGE?				
Test	Result	Flag	Reference	Site
<u>PT</u>			10.0-12.5 SECONDS	
PT	10.9		2.0-3.5 THERAPY	
INR	1.0	L	22-36 SECONDS	
PTT	32			
PTT HEP THERAPY RANGE 61-93 (VALIDATED BY ANTI-XA ASSAY)				

<b>Patient:</b> STRONG, THOMAS LEE	<b>Age/Sex:</b> 22/M	<b>Acct#</b> D00310663059 <b>Unit#</b> D000241615
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515

RUN DATE: 06/15/04  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 2

LABORATORY RESULTS

Patient: STRONG, THOMAS LEE		#D00310663059	(Continued)	
SPEC #: 0614:ID:H00151R	COLL: 06/14/04-1644	STATUS: COMP	REQ #: 01327899	
	RECD: 06/14/04-1644	SUBM DR: Linderman, Catherine, M.D.		
ENTERED: 06/14/04-1646	OTHR DR:			
ORDERED: CBC				
Test	Result	Flag	Reference	Site
<u>CBC W/AUTO DIFFERENTIAL</u>				
WBC	4.5		4.0-10.5 K/MM3	
RBC	5.18		4.40-5.90 M/MM3	
HEMOGLOBIN	16.1		13.5-17.5 G/DL	
HCT	47.1		39.8-52.2 %	
MCV	91		80-99 FL	
MCH	31.1		26.6-33.8 PG	
MCHC	34.1		32.0-36.0 G/DL	
RDW	13.7		11.5-14.5 %	
PLT	284		150-450 K/MM3	
MPV	7.6		6.5-11.0 FL	
GRAN %	52.3		47.0-76.0 %	
LYMPH %	37.2		26.0-42.0 %	
MONO %	9.0		4.0-13.9 %	
EOS %	0.9		0.0-5.0 %	
BASO %	0.6		0.0-2.0 %	
GRAN #	2.4		1.2-8.0 K/MM3	
LYMPH #	1.7		1.0-4.4 K/MM3	
MONO #	0.4		0.2-1.7 K/MM3	
EOS #	0.0		0.0-0.6 K/MM3	
BASO #	0.0		0-0.2 K/MM3	

Patient: STRONG, THOMAS LEE	Age/Sex: 22/M	Acct#D00310663059 Unit#D000241615
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516

STRONG, THOMAS LEE

ID:000241615

14-JUN-2004 17:35:34

EASTERN IDAHO REGIONAL MED CNTR-OP ROUTINE RECORD

03-SEP-1981 (22 yr)  
Male

Vent. rate 83 BPM  
PR interval 154 ms  
QRS duration 82 ms  
QT/QTc 378/444 ms  
P-R-T axes 77 69 44

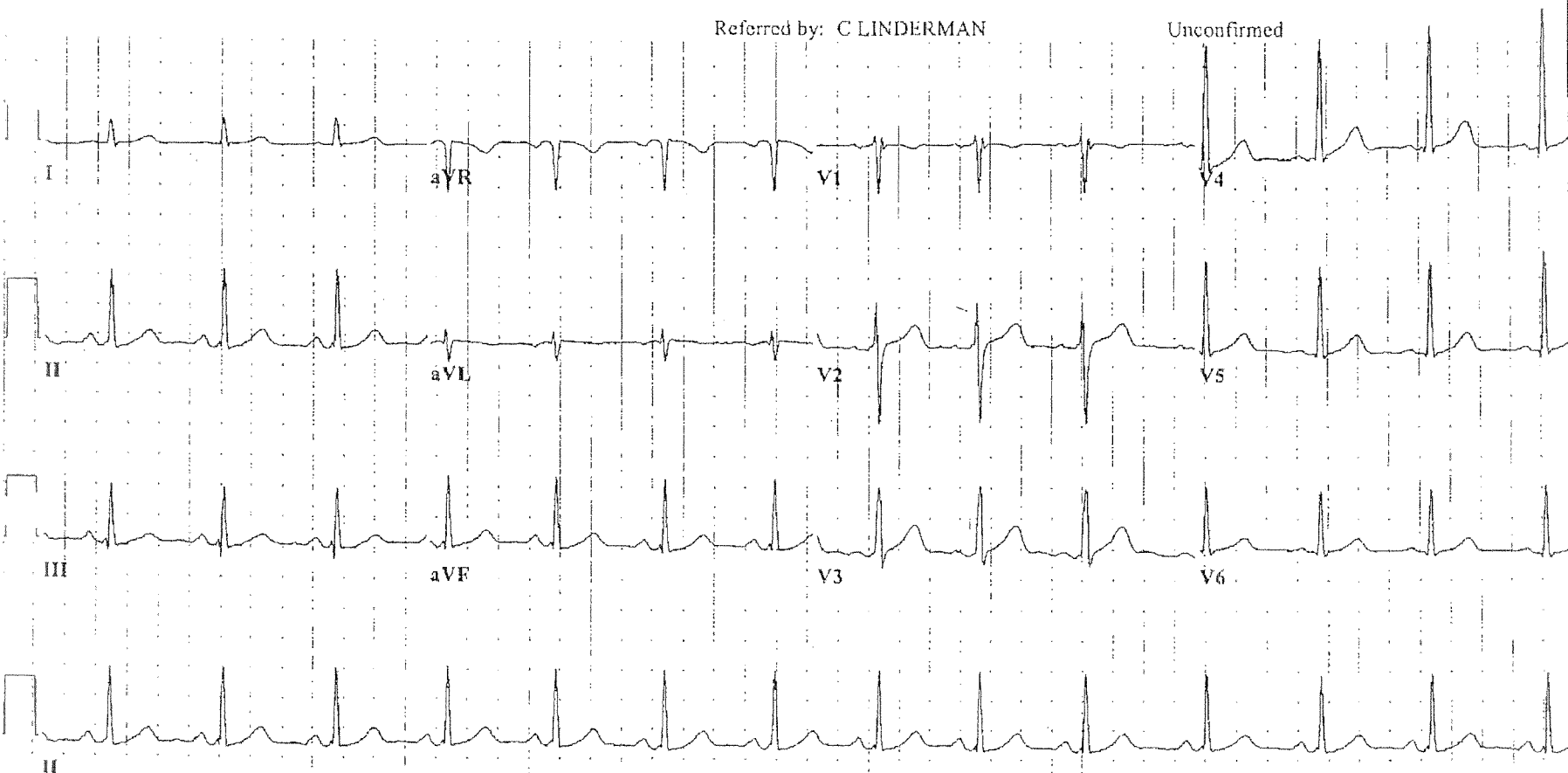
Normal sinus rhythm  
Normal ECG

Room:EKG  
Loc:2

Technician:PAMELA MARLEY  
Test ind:PRE-OP

Referred by: C LINDERMAN

Unconfirmed



25mm/s 10mm/mV 100Hz 005D 12SL 235 CID: 5

EID:Unconfirmed EDT: ORDER: 310663059

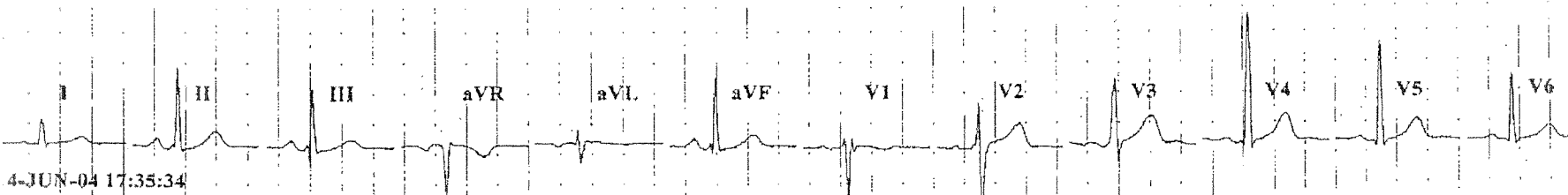
Page 1 of 1

517

EASTERN IDAHO REGIONAL MED CNTR-OP SERIAL 14-JUN-04 17:35:34 Rate: 83 NSR/NML/  
STRONG, THOMAS LEE PR-QRS-QTC 154 82 444  
D:000241615 P-R-T axes 77 69 44

03-SEP-1981 (22 yr)  
Male

Room:EKG  
Loc:2



25mm/s 10mm/mV 005D

518

**CREEKSIDE PAIN CLINIC**  
**CATHERINE L. LINDERMAN, M.D.**  
2375 East Sunnyside, Suite A  
P.O. Box 1509  
Idaho Falls, ID 83404  
Phone (208) 524-0610 Fax (208) 557-0171

**ADMIT ORDERS**

**NAME:** Tom STRONG

**DATE:** 06/25/04

**DATE OF BIRTH:** 09/03/1981

**PROCEDURE:** Spinal Cord Stimulator implantation with use of the generator

**1. DATE OF ADMIT:** June 25th via day surgery

**2. DATE OF DISCHARGE:** June 25th or June 26th. This is an outpatient procedure. Plan for discharge after the surgery.

**3. ADMIT TO:** Eastern Idaho Regional Medical Center for outpatient of SCS

**4. DIAGNOSIS:** 723.8-Occipital Neuralgia;847.0-SPRAIN OF NECK;333.83-SPASMODIC TORTICOLLIS;346.91-MIGRAINE NOS/INTRACTABLE

**5. CONDITION:** Stable

**6. ALLERGIES:** Maxalt: "Bugs under skin"; Penicillins

**7. VITALS:** Vitals upon admission

**8. ACTIVITIES:** Out of bed ad lib.

**9. NURSING:** Vitals upon admission

**10. DIET:** NPO` patient may take his medications with a sip of water

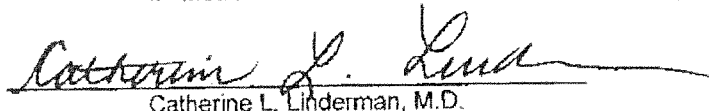
**11. IV:** Heplock as per anesthesia protocol

**12. MEDICATIONS:** Ancef 1 gram 1/2 hour prior to surgery  
Keflex 500 mg 1 po tid for ten days post-operatively. Prescription provided.  
Post-op pain meds as per anesthesia protocol in PACU

**13. LABS:** Labs were done for CBC, lytes, BUN/creatinine, PT, PTT, PLT. Also, EKG and CXR. I asked that they fax the reports from these studies to EIRMC operating room. They should be there by now. However, if not ask the patient where he had them done and get the reports before he is called to the OR.

**14. SPECIAL:**

- a. Fluoroscopy for use in the OR
- b. Ancef one gram IV 1/2 hour prior to going to the OR.
- c. ANS will provide the spinal cord stimulator
- d. Patient to not bathe or shower for four days after placement. Then shower only after four days.
- e. Please call with any questions: office 524-0610, home 529-4314, cell 589-4314. Please call the answering service which is 228-2093 if you are unable to reach me at these numbers listed above.
- f. Medium abdominal binder on call to OR for application in surgery.

  
Catherine L. Linderman, M.D.

## CREEKSIDE PAIN CLINI

CATHERINE L. L. JERMAN, M.D.

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

### HOSPITAL ADMISSION

**PATIENT:** STRONG, Tom

**RECORD:** #11242.02

**AGE:** 22 year(s) old

**GENDER:** male

**SPOUSE/SIGNIFICANT OTHER NAME:** ~Flowsheet - Spouse Name (Single Row)~

**REFERRED BY:** McCowin, Philip, R

**DATE:** 06/25/04

**CHIEF COMPLAINT:** Severe headaches and neck pain.

**HISTORY OF PRESENT ILLNESS:** Tom is a very pleasant stoic 22 year(s) old right-handed Caucasian male who presented to my clinic in October of 2003 complaining of severe headaches and neck pain. He reports he has had this type of problem for 4 years, 'I don't really know what started it, it is just steadily getting worse. I've hurt my neck a few times which aggravates things'. He reports 'A large part of the problem he thinks comes from neck problems, I have been told that I need part of a vertebrae replaced because of a bone spur on the inside of the vertebrae and that I need 3 fusions all in my neck'. He reports he was involved in a car accident several years ago. He states he hit black ice on the highway and rolled his car. He reports he suffered a cracked rib and hit his head on the dome light. He was not wearing his seat belt, but was not thrown from the car.

In 2000, Dr. Tony Golden, his primary care physician, ordered a cervical MRI which showed no abnormalities. He was referred to physical therapy which caused his pain to increase. He was also prescribed medications for the pain. He states 'drugs made me not notice I hurt until the pain grew stronger than pills could take care of.' He also saw Dr. Brandstetter, a chiropractor, which gave him relief immediately following the treatments. However, his pain would always return. In summer of 2000, he went to Dr. Iris Brossard. The patient reports she gave him migraine medication and IM injections which only made him sleep. Tom went to her 3 times and discontinued his treatments due to dissatisfaction with her treatment.

In 2002, he was evaluated by Dr. Gary Walker who ordered a second cervical MRI. This MRI shows one of the vertebrae has a bone spur and there are 'some bad discs, one ruptured or something like that'. He reports Dr. Walker told him he did not treat neck problems and referred him to Dr. Phillip McCowin. On January 21, 2003 he saw Dr. McCowin for increasing severity of pain in his cervical spine. He was having neck pain accompanied by headaches, migraine-type symptoms, and radiculopathy. Dr. McCowin started him on Mobic, gave him a neck exercise protocol to pursue and had him continue with the Zanaflex as needed. He told him if the pain had not decreased they would consider a discogram to isolate the source of his pain. March 25, 2003 he returned complaining of continuing headaches. The headaches were primarily located in the back of the head with burning and occasional pulsing. He had tried OTC anti-inflammatories as well as NSAIDS, aspirin, Excedrin, Imitrex, and Maxalt. Dr. McCowin tried him on Axert. He reviewed his cervical MRI again, which showed 3 levels of degenerative disc disease in the cervical spine. He felt this may or may not be related to his headaches. According to Tom he also had x-rays which showed the discs were 'really shot'. He states last summer he used some medications and tried to 'tough it out'. He reports the muscle relaxers helped him function when he had a severe headache. However, around July or August he noticed these were no longer giving him relief. On August 5, 2003 Tom returned to Dr. McCowin with an increase in headaches and neck pain with radiation into the shoulders. He started him on Zanaflex again, and Motrin 800 mg TID. He also discussed surgical options for his pain, an anterior cervical discectomy and fusion. Tom states neither one wanted to do this because he was so young.

Dr. McCowin reports indicate he felt his headaches were related to his cervical spine degenerative disc disease at C6-7 with referred pain and producing the headaches. He again told him if he was not able to tolerate the pain, surgery was his next option. He also prescribed a hard collar to see if this would give him any pain relief. Tom wanted to wait to decide about the neck surgery until he came for the appointment he had scheduled with me in clinic.

Tom was referred to see Dr. Garland who is a neurologist for the migraine headaches. He suggested that Tom have some trigger point injections and if these were not helpful, he suggested a hospital admission for treatments for headaches.

with IV medications such as a DHE col. Tom did not want to try this until c tions had been tried

Tom reports he graduated from school to be a heavy machinery mechanic; however, his headaches are exacerbated by the physical aspects of the job. He reports he could make three of the vertebrae in his neck pop when using a wrench. Tom reports he also has times where he cannot look over his left shoulder. He states he pops his neck, experiences numbness to both arms for a few seconds, and then he can turn his head. He states his headache and neck pain are disabling. He opens a pet shop in the morning and has been helping a friend with odd jobs in the afternoons. Tom states he awakens pain free in the morning, but has immediate onset of headache upon rising out of bed. He states, 'if my head is supported it doesn't bother me'. At the present time he is wearing the hard collar which gives him some relief.

Of note is that on May 27, 2004 we brought him in for a spinal cord stimulator trial for a peripheral neuropathy where the SCS lead was placed in the occipital region placed in the suboccipital region that was driven from left to right to cover as much area as possible.

**DIAGNOSIS:** 723.8-Occipital Neuralgia;723.2-Posterior Cervical Sympathetic Syndrome;847.0-SPRAIN OF NECK

**PROBLEM LIST:** Cephalgia, Cervical Disc Degeneration, Whiplash Injury, Occipital Neuralgia, Cervical Facet Disease, Cervical Facet Spondylosis, Cervicalgia, Tension Headaches, Muscle Spasm Pain, Cervicocranial Syndrome

**DRUG ALLERGIES OR SENSITIVITIES:** Maxalt: 'Bugs under skin'; Penicillins

**CURRENT MEDICATIONS:** BC powdered aspirin (SIG: prn), Ibuprofen (Dosage: 800 mg SIG: prn), Keflex (Dosage: 500 mg SIG: 1 po q 8 hrs Dispense: 50, fifty Refills: 2), Skelaxin (Dosage: 800 mg SIG: 1 po QID, prn Dispense: 120 Refills: 0)

**SOCIAL HISTORY:** Reviewed, updated, and unchanged or as stated above. Alcohol - Denies; Caffeine; Education: College; Employment: Part time; Marital Status: Single; Tobacco: No use

**FAMILY HISTORY:** Reviewed, updated, and unchanged or as stated above. Asthma; Hypertension; Parents: Mother living

**REVIEW OF SYSTEMS:**

**Head:** Frequent headaches, using Ibuprofen and Feverfew (herb).  
**Eyes:** Focus seems hazy at times.  
**ENT & Mouth:** No difficulty with taste, smell, or swallowing.  
**Cardiovascular:** No chest pain, palpitations, orthopnea, edema, or syncope.  
**Respiratory:** Some SOB with back popping out and has happened 3-4 times since January.  
**GI:** No abdominal pain, dyspepsia, change in bowel habit, blood in stool.  
**GU:** No dysuria, hematuria, frequency, urgency, or discharge.  
**Neurological:** No focal neurologic deficit, weakness, paresthesias, or incoordination.  
**Musculoskeletal:** Neck swelling and neck and left shoulder pain. He reports that his neck twists sometimes.  
**Psychiatric:** No depression, anxiety, recent stressors or change in lifestyle.  
**Integumentary:** Denies itching, rashes or lesions.  
**Endocrine:** Negative for known DM or thyroid disease.  
**Lymphatic:** No bleeding problems, or swollen glands.  
**Breasts** Exam deferred.

**SLEEP:** 6-8 hours; ( ) Restorative (X) non-restorative; Some sleep latency around 3:30 - 4:00 am.

**FUNCTION:** Capable of ADL's.

**IMPACT OF THERAPY:** 50% improvement since initial visit. Comments: Pt states that he is better but the weather changes are affecting his pain.

**PHYSICAL EXAMINATION:**

**VITALS:** HEIGHT: 6'0" TEMPERATURE: 94.7 PULSE: 85 B/P: 113/71 RR: 16  
O2 Sat: 97%

**Gen. Appearance:** Well developed, pleasant 22 year(s) old male in moderate distress. Pleasant, conversant.  
**Pain Behavior:** None. He appears very stoic.  
**Head/Face.** NC, AT.  
**Eyes/Ears/Nose/Mouth** PERRLA, EOMI, front teeth with chipping.



**Cardiovascular:** RRR w/o r . Pulses +2 and equal.  
**Respiratory:** Lungs clear, equal BS.  
**Musculoskeletal:**  
     Head: Tenderness reported with palpation of the suboccipital region just up under the skull. He also has significant pain up over the head in the areas of the greater and lesser occipital nerves bilaterally, worse on the right.  
     Neck: Tenderness reported with palpation along the cervical facet joints with reproduction of headache with deep palpation. Active muscle bands palpated to the lateral and posterior aspects of the cervical spine.  
     Back: Exam deferred.  
     Chest & Ribs: Exam deferred.  
     Shoulders: Tenderness reported with active muscle bands to the trapezius and rhomboid regions with palpation.  
     Pelvis: Exam deferred.  
     Extremities: Exam deferred.  
     Straight leg raise: sitting Exam deferred.  
     Straight leg raise: supine Exam deferred.  
     Fabers signs were: Exam deferred.  
     SI joint stability was: Exam deferred.  
     Piriformis exam was: Exam deferred.  
     Stork stance: Exam deferred.  
     Other: None.  
**GI:** Soft, nontender, bowel sounds are normal.  
**GU:** Exam deferred.  
**Lymph/Heme:** No edema or petechiae.  
**Skin:** Dry, without evidence of rash, lesion, or infection over head, trunk, and extremities.  
**Psychiatric:** Mood and affect are appropriate to setting.  
**Neurological:**  
     Mentation: Alert and oriented to person, place and time.  
     Affect: Appropriate.  
     Speech: Clear without deficit.  
     Cranial nerves: II-XII were deferred.  
     Gait: Normal.  
     Coordination: Normal.  
     Sensation: Normal.  
     Strength testing: 5/5 throughout.  
     Deep tendon reflexes: +2 throughout.

**EDUCATION:** ANS Spinal Cord Stimulator Trial was done with good education about the trial and about the permanent implantation.

**PLAN:**

1. Tom is being admitted to EIRMC for a permanent spinal cord stimulator placement over the lesser and greater occipital nerve bilaterally.
2. Plan for an outpatient procedure the day of the SCS placement, June 25th.
3. We will plan to taper Tom's medications gradually after the placement of the spinal cord stimulator.
4. We will see the patient back in our office for a return patient visit on July 1st to evaluate the medications and progress from the SCS. The ANS representative will be present to help with the stimulation settings. That appointment time will be provided on the day of implantation.
5. Tom is to stay on Keflex 500 mg tid for 10 days after the placement.
6. Tom is to continue wearing the abdominal binder that we placed in the OR for four weeks to help the generator to heal in place.
7. Tom is to not bathe, shower, or hot tub until he is released to do so by my office.
8. Patient is to follow the post-operative sheets provided by ANS.

**RETURN PATIENT FOLLOW-UP:** Following the SCS implant

**PROBLEM LIST:** Cephalgia, Cervical Disc Degeneration, Whiplash Injury, Occipital Neuralgia, Cervical Facet Disease, Cervical Facet Spondylosis, Cervicalgia, Tension Headaches, Muscle Spasm Pain, Cervicocranial Syndrome

DIAGNOSIS: 723.8-Occipital Neu: 723.2-Posterior Cervical Sympathetic : ne;847.0-SPRAIN OF NECK

CPT: 99222-INITIAL HOSP VISIT-50 MIN

PRESCRIPTION: Keflex (Dosage: 500 mg SIG: 1 po q 8 hrs Dispense: 50 Refills: 2)

Catherine L. Linderman, M.D.  
Catherine L. Linderman, M.D.

Billed: 6/25/04

STRONG, THOMAS LEE

Unit Number D000241615 Account Number D00310663059 Service SURG Status ADM INO

PATIENT

SEC NO DOB AGE SEX HS Religion VIP CONF  
RACE FINANCIAL  
W PPO

Address: 1008 HILLVIEW AV  
IDAHO FALLS, ID 83402

PATIENT EMPLOYER

PET STOP  
Work Phone:  
Occupation: CASHIER  
Home Phone: (208)524-0749  
Patient Language: ENGLISH

GUARANTOR

STRONG, THOMAS LEE

SS#: [REDACTED]

Address: 1008 HILLVIEW AV  
IDAHO FALLS, ID 83402  
Home Ph: (208)524-0749

Relation: PATIENT

GUARANTOR EMPLOYER

PET STOP  
265 1ST ST  
IDAHO FALLS, ID 83401  
Work #:

OTHER GUARANTOR

CHENOWETH, TERILYN  
Address:  
Occupation: BOOKS

OTHER GUARANTOR EMPLOYER

BECHTEL BW  
PO BOX 1625, IDAHO FALLS, ID, 83401

PERSON TO NOTIFY

NEXT OF KIN

CHENOWETH, TERILYN

Mail To:

Policy Number:  
Subscriber:  
Relation to Patient:

IPLAN#:  
Group:  
DOB:  
Coverage:

Treat/Percent:  
Ins Verify:  
Rel Assign  
Contact:  
Group Name:

Pro Review:

INSURANCE #3

Mail To:  
Policy Number:  
Subscriber:  
Relation to Patient:

IPLAN#:  
Group:  
DOB:  
Coverage:

AUTHORIZATION

Treat/Percent:  
Ins Verify:  
Rel Assign  
Contact:  
Group Name:

Pro Review:

OCCURRENCE

TYPE DATE TIME  
11 06/14/04

CONDITIONS

LAST HOSPITALIZATION:

Adm Cnt: SDS TO OBS VERIFIED/

ATTENDING PHY: Linderman, Catherine, MD OUT PHY: Linderman, Catherine, MD  
PRIM CARE PHY: FML PHY: Linderman, Catherine, MD

Date Time Source Room/Bed Arrival Admitting Diagnosis/Reason For Visit  
06/25/04 1910 PR D.344-A SPINAL CORD STIMULATOR  
PATIENT PRIMARY OUTPATIENT LOCATION: D. SURG OTHER OUTPATIENT LOCATION:  
Emergency Department Only Arrival: Into Room:

Admit Clerk  
DBOKEH  
NEWBORN ID:

EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404

# EASTERN IDAHO REGIONAL MEDICAL CENTER

## INTRA-FACILITY REPORT FORM

Patient Name Strong

Age 22 Sex M  
(Information available on laser label)

Admitting MD J. Anderson

Admission Status: Inpatient  
Observation  
SDC-Procedure

Diagnosis Nerve Stimulator Implant

### Check Positives

#### Significant PMH

- ☐ Diabetes
- ☐ CAD
- ☐ High BP
- ☐ Liver Disease
- ☐ Kidney Disease
- ☐ Lung Disease
- ☐ Stroke
- ☐ Cancer
- ☒ Arthritis
- ☐ Other neuro-back/neck problems

### Check Positives

#### Significant Surgeries

- ☐ Abdominal
- ☐ CABG
- ☐ Gyn
- ☐ Knee
- ☐ Hip
- ☐ Back
- ☐ Neck
- ☐ Transplant
- ☐ Other \_\_\_\_\_

### Check Positives

#### Allergies Maxalt

- ☐ NKDA
- ☐ Food
- ☐ Environmental
- ☐ Latex
- ☒ PCN
- ☐ Sulfa
- ☐ Morphine
- ☐ Iodine
- ☐ ASA
- ☐ Other \_\_\_\_\_

### Check Completed and Circle Due Within 4 Hours

#### Diagnostics

- ☐ CBC
- ☐ Chem 7
- ☐ Chem 13
- ☐ UA
- ☐ PT
- ☐ PTT
- ☐ Triponin
- ☐ Preg
- ☐ Cardiac Enzymes
- ☐ Amylase
- ☐ Other \_\_\_\_\_
- ☐ ETOH
- ☐ Drug Screen
- ☐ T&C
- ☐ T&S
- ☐ CXR
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Extremity
- ☐ Ultrasound

#### Last VS:

Time \_\_\_\_\_  
T \_\_\_\_\_  
P \_\_\_\_\_  
R \_\_\_\_\_  
BP \_\_\_\_\_

CT \_\_\_\_\_  
MRI \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

#### Interventions

O<sub>2</sub> 2.5 lpm - Canine  
Nebulizer x \_\_\_\_\_  
IV dep doc @ \_\_\_\_\_ cc/hr  
IV \_\_\_\_\_ @ \_\_\_\_\_ cc/hr  
IV \_\_\_\_\_ @ \_\_\_\_\_ cc/hr  
☐ NG/OG  
☐ Foley  
☐ Sutures  
☐ Splint  
☐ Chest Tube  
☐ Central Line  
☐ Art Line  
Other nerve stimulator  
Other \_\_\_\_\_

#### Medications - Last Dose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Code Status

- ☒ Full Code
- ☐ Drug Code
- ☐ No Code

#### Isolation

- ☒ Standard
- ☐ Type: \_\_\_\_\_

#### Belongings

- ☐ None
- ☒ With Patient
- ☐ Home
- ☐ Security
- Other \_\_\_\_\_

#### Language Barrier

- ☒ No
- ☐ Yes \_\_\_\_\_

Patient Accompanied By: mom

Julio IV  
Intake 360 g.m/l  
Output Voided 1800  
NPO \_\_\_\_\_

Report given by (print full name) Sherry

Report received by (print full name) Sherry

Time transferred 1855

Time 1845

Time 1645

Bed number \_\_\_\_\_

YOU ARE URGED TO FOLLOW the instructions which are CHECKED and the SPECIAL INSTRUCTIONS on this sheet.

1. Food & Drink

- ☒ Begin with liquids and light foods (Jello, soup). Progress to your normal foods if not nauseated.  
☒ NO alcoholic beverages for 24 hours.  
☐ May resume your usual food and drink.

2. Activities

- ☒ Do not drive automobiles or operate hazardous machinery for 24 hours and until off pain medication  
☒ Limit your activities for 5-7 days.  
☐ You may resume your usual daily activities.

3. Wound Care

- ☒ A small amount of blood is to be expected. DO NOT be alarmed. If you feel the amount is excessive, apply pressure and call your doctor.  
☐ Keep dressing dry and change as necessary.  
☐ DO NOT change dressing and keep dry until you are seen by your doctor.  
☐ Apply ice pack to affected area.

4. Special Instructions

- As Type drainage  
Call your doctor if the affected area becomes swollen and painful or if your temperature is over 101° F.  
Bathing Instructions: Keep Incision Dry  
Other Instructions: Call Dr. Linderman if intolerable pain

4. Prescription of \_\_\_\_\_ sent home with patient. USE AS DIRECTED.

5. Follow-up Care

You should see Dr. Catherine Linderman Date: \_\_\_\_\_ Time: \_\_\_\_\_

6. IF ANY PROBLEMS OCCUR OR IF YOU HAVE ANY FURTHER QUESTIONS, please contact your physician by phone, # 524-0610. If you cannot reach your physician, contact or go to the hospital Emergency Room, which is closest to you.

I have read and understand these Home Care Instructions. A copy has been received.

Date: 6-25-04 Time: 6:10

Nurse's Signature Don B...

Patient/Significant Other's Signature Tim L. Th...

EASTERN IDAHO REGIONAL MEDICAL CENTER  
DAY SURGERY  
**HOME CARE INSTRUCTIONS**  
**GENERAL MINOR SURGERY**

NS1123 Rev. 12/94 xccc

ADDRESSOGRAPH

STRONG, THOMAS LEE  
0000241615 06/03/01 Y/22  
000310563059 06/25/04 SDC  
Attending: Catherine Linderman, M

526

EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404

STRONG, THOMAS LEE

Unit Number D000241615 Account Number D00312657755 Service Status REG SDC

PATIENT  
SEC NO [REDACTED] AGE 24 SEX MS Religion D.LDS VIP CONF  
RACE W FINANCIAL PPO  
Address: 1008 HILLVIEW AVE  
IDAHO FALLS, ID 83402  
Work Phone:  
Occupation: UNEM  
Home Phone: (208)524-0749  
Patient's Language: ENGLISH

GUARANTOR STRONG, THOMAS LEE GUARANTOR EMPLOYER UNEMPLOYED

Address: 1008 HILLVIEW AV  
IDAHO FALLS, ID 83402  
Home Ph: (208)524-0749 Relation: SAME AS PATIENT Work #:

OTHER GUARANTOR CHENOWETH, TERILYN SS#: [REDACTED] OTHER GUARANTOR EMPLOYER BATTELLE ENERGY ALLIANCE, IDAHO FALLS, ID.  
Address:  
Occupation:

PERSON TO NOTIFY NEXT OF KIN CHENOWETH, TERILYN  
Home #: (208)524-0749 Work #: (208)526-2293

INSURANCE #2 MAIL TO: IPLAN#: AUTHORIZATION Treat/Percent: Ins Verify: Rel Assign Pro Review: Contact: Group Name: Group: Coverage: Subscriber: Relation to Patient:

INSURANCE #3 MAIL TO: IPLAN#: AUTHORIZATION Treat/Percent: Ins Verify: Rel Assign Pro Review: Contact: Group Name: Group: Coverage: Subscriber: Relation to Patient:

OCCURRENCES TYPE DATE TIME CONDITIONS

LAST HOSPITALIZATION: Adm Cmt: VERIFIED

ATTENDING PHY: Walker, Grant E., M.D. ADMIT PHY: ER PHY: PRIM CARE PHY: FML PHY: OTH PHY:  
Date Time Source Room/Bed Arrival Admitting Diagnosis/Reason For Visit Admit Clerk  
11/11/05 1124 PR NECK PAIN/DISCOGRAM DBONXC  
PATIENT PRIMARY OUTPATIENT LOCATION: D.ANG OTHER OUTPATIENT LOCATION: D.SDS NEWBORN ID:

Emergency Department Only - Arrival: Into Room:

11/11/05 1124 PR NECK PAIN/DISCOGRAM DBONXC

11/11/05 1124 PR NECK PAIN/DISCOGRAM DBONXC



**MEDICAL IMAGING DEPARTMENT  
OUTPATIENT INVASIVE PROCEDURE**

PATIENT NAME: \_\_\_\_\_

ORDERING PHYSICIAN: \_\_\_\_\_

STRONG, THOMAS LEE  
0000241615 09/03/81 M/24  
000012657755 11/11/05 PRE SDC  
Grant E. Walker, M.D.

DATE OF PROCEDURE: \_\_\_\_\_

INVASIVE PROCEDURE: DISCO

PROCEDURE SITE: RT LT BILATERAL C4-T1 SPINAL LEVEL

RADIOLOGIST PERFORMING PROCEDURE: Schmutz

**CHECKLIST**

Invasive procedure verified by patient/family	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Procedure site verified by patient/family	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Physician order checked for correct procedure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
X-rays/Imaging Studies verify procedure site	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Informed consent identifies correct procedure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**ACTIVE TIME OUT**

☒ Radiologist  
☒ Technologist  
☒ Patient

STRONG, THOMAS LEE  
0000241615 09/03/81 M/24  
000012657755 11/11/05 PRE SDC  
Grant E. Walker, M.D.

Patient Identification Label

[Signature]  
(Technologist Signature)

4/14/05  
Date

1300  
TIME

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Special Procedure Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 24  
ACCOUNT NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D. STATUS: REG SDC  
DATE OF EXAM: 11/11/2005 RAD NUMBER: 188574

EXAMS:

000588436 SP DISKGRPHY CERV/THOR,  
000588437 SP DISKGRPHY CERV/THOR,  
000588438 SP DISKGRPHY CERV/THOR

THREE LEVEL PROVOCATIVE DISCOGRAPHY STUDY AT THE C4-5, C5-6, AND C7-T1 LEVELS. NOVEMBER 11, 2005.

CLINICAL HISTORY: BILATERAL POSTERIOR NECK PAIN WITH OCCIPITAL HEADACHE. ALSO WITH RIGHT SHOULDER, ARM, AND FOREARM PAIN. SOME LEFT SHOULDER PAIN ALSO DESCRIBED. PROVOCATIVE DISCOGRAPHY AT THE C4-5, C5-6, AND C7-T1 LEVELS REQUESTED.

TECHNIQUE: After a discussion of risks the patient gave informed consent for a provocative discography at the C4-5, C5-6, and C7-T1 levels. The patient was examined and previous films were reviewed. A focused clinical history was obtained.

The patient was placed in the supine position and the skin of the left neck was prepped and draped. 1% Lidocaine mixed with sodium bicarbonate solution was administered for local anesthetic.

Using fluoroscopic guidance, three 25-gauge spinal needles were advanced into the centers of the C4-5, C5-6, and C7-T1 levels.

80 mg of Kenalog mixed with 7 cc of 0.25% Marcaine were set aside.

C4-5: A small amount of Isovue-M 300 contrast was infused into the center of the disc which extravasated posteriorly into the substance of a posterior disc bulge. A brisk injection of 0.5 cc of the above described Kenalog/Marcaine solution produced transient neck pain described by the patient as being higher in location than his typical neck pain. He did not experience any pain radiating to the occiput or pain into the shoulders or arms. A repeat injection reproduced the same experience of posterior neck pain higher than the typical location of neck pain.

C5-6: A small amount of Isovue-M 300 contrast was injected into the center of the disc which extravasated posteriorly. Disc space narrowing with endplate sclerosis and circumferential endplate osteophyte formation was also noted at this level. A brisk injection of 0.5 cc of the above described Kenalog/Marcaine solution produced a



EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME: STRONG, THOMAS LEE      Special Procedure Report  
UNIT NUMBER: D000241615      SEX: M  
[REDACTED] NUMBER: [REDACTED]      AGE: 24  
ORDERING PHYSICIAN: Linderman, Catherine, M.D.      ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D.      STATUS: REG SDC  
DATE OF EXAM: 11/11/2005      RAD NUMBER: 188574

EXAMS:

000588436 SP DISKGRPHY CERV/THOR,  
000588437 SP DISKGRPHY CERV/THOR,  
000588438 SP DISKGRPHY CERV/THOR

<Continued>

"crunching sensation" in the typical distribution of back pain. The patient says that he occasionally experiences this "crunching sensation" but this is not the main complaint. A repeat injection reproduced the same experience.

C7-T1: A small amount of Isovue-M 300 contrast was infused into the center of the disc which extravasated posteriorly. A brisk injection of 0.5 cc of the above described Kenalog/Marcaine solution produced a transient increase in pain at the base of the neck and upper back radiating toward the left. The patient describes this pain as an occasional pain experience in a typical location, but not the main pain complaint. A repeat injection reproduced the same experience.

The needles were removed. No immediate complications occurred and the patient tolerated the procedure well.

IMPRESSION:

1. PROVOCATIVE DISCOGRAPHY AT THE C4-5 LEVEL DEMONSTRATED POSTERIOR EXTRAVASATION INTO THE SUBSTANCE OF A POSTERIOR DISC BULGE. THE PROVOCATIVE INJECTION PRODUCED POSTERIOR NECK PAIN DESCRIBED BY THE PATIENT AS BEING HIGHER IN LOCATION THAN THE TYPICAL POSTERIOR NECK PAIN HE EXPERIENCES EACH DAY. A REPEAT INJECTION REPRODUCED THE SAME EXPERIENCE.
2. PROVOCATIVE DISCOGRAPHY AT THE C5-6 LEVEL DEMONSTRATED POSTERIOR EXTRAVASATION OF CONTRAST IN ADDITION TO DISC SPACE NARROWING WITH ENDPLATE SCLEROSIS AND CIRCUMFERENTIAL ENDPLATE OSTEOPHYTE FORMATION. THE PROVOCATIVE INJECTION PRODUCED A TRANSIENT INCREASE IN WHAT WAS DESCRIBED BY THE PATIENT AS A "CRUNCHING SENSATION." THE PATIENT SAYS THAT HE EXPERIENCES THIS "CRUNCHING SENSATION" FAIRLY COMMONLY BUT THAT IT IS NOT HIS MAIN PAIN COMPLAINT. A REPEAT INJECTION REPRODUCED THE SAME EXPERIENCE.
3. SUCCESSFUL PROVOCATIVE DISCOGRAPHY AT C7-T1 DEMONSTRATING POSTERIOR EXTRAVASATION OF CONTRAST. A PROVOCATIVE INJECTION PRODUCED A TRANSIENT INCREASE IN POSTERIOR NECK PAIN AT THE BASE OF THE NECK RADIATING INTO THE UPPER BACK. PAIN ALSO LOCALIZED TO THE LEFT OF MIDLINE. WHILE THE PATIENT DESCRIBED THIS AS

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

Special Procedure Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 24  
[REDACTED] NUMBER: [REDACTED]  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D. STATUS: REG SDC  
DATE OF EXAM: 11/11/2005 RAD NUMBER: 188574

EXAMS:

000588436 SP DISKGRPHY CERV/THOR,  
000588437 SP DISKGRPHY CERV/THOR,  
000588438 SP DISKGRPHY CERV/THOR

<Continued>

BEING A TYPICAL PAIN EXPERIENCE IT, ONCE AGAIN, IS NOT HIS MAIN  
COMPLAINT. A REPEAT INJECTION REPRODUCED THE SAME EXPERIENCE.

\*\* Electronically Signed by JAMES F SCHMUTZ on 11/22/2005 at 1315 \*\*  
Reported by: FRITZ SCHMUTZ, M.D.  
Signed by: SCHMUTZ, JAMES F

CC: Catherine M.D. Linderman; Grant E. M.D. Walker

Dictated: 11/18/2005 1603 Tech: DWIGHT LONG, RT(R)  
Printed: 11/22/2005 1401 Trans: 11/18/2005 2036 by DHIWLP

**Idaho Spine Center, PLLC**

131 N. Oak St., Blackfoot, ID 83221  
(208) 785-4665

2375 E. Sunnyside Suite A, Idaho Falls, 83404  
(208) 523-4141

Patient Name: TOM STRONG Dx: NECK PAIN

Please evaluate and treat for: \_\_\_\_\_

- ☐ Sacroiliac injection R L  
☐ Nerve root block C T L Levels \_\_\_\_\_  
☐ Facet blocks C T L Levels \_\_\_\_\_  
☒ Discogram C T L Levels C4/5, C5/6, C7/T1  
☐ Epidurals C T L Levels \_\_\_\_\_

(please schedule a series of 3, each 1 week apart)

Bingham Memorial Hospital  
Blackfoot  
785-4100

Parkway Surgery Center  
Blackfoot  
785-5100

James Schmutz, MD  
Idaho Falls  
227-2612

Gary Walker, MD  
Idaho Falls  
227-1200

Eric Roberts, MD (PVPM)  
Pocatello  
233-3007

Catherine Linderman  
Idaho Falls  
524-0610

Date

Grant Walker MD

**EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER**

**PROGRESS NOTES**

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES
	Tentative Diagnosis:
11-11-05	1 RAD:
ASA 2	24 y.o. WM - Post Neck / Occipital HA /
AK:	(R) SHOULDER / ARM / FOREARM PAIN.
PCN	(C4-5) (C5-6) C.T., PROVOC DISCOGRAPHY REQUESTED.
Maxol	Risks discussed. Patient examined.
FENTANYL	FILMS REVIEWED. INFORMED CONSENT OBTAINED.
	SCHMUTZ
11-11-05	Post Proc:
	Prelim:
	1) C4-5 Post Extrav & disc bulge. Pain higher than main location of pain.
	2) C5-6 Post Extrav. & disc space narrowing w/ impale sclerosis & osteophyte formation. Typical distribution. Crunching sensation.
	3) C7-T1 w/ pain radiating to back of head (occipital).
	3) C7-T1 - Post extrav. pain radiating base of neck & upper Q. & back toward the Q. Typical location.
	A/P OBSERVATION
	SCHMUTZ

**EASTERN IDAHO REGIONAL MEDICAL CENTER  
CONSENT FOR DISCLOSURE OF NAME AND OF PHYSICIAN'S NAME**

NAME OF PATIENT: Strong, Tom

1. I am a patient in Eastern Idaho Regional Medical Center
2. I hereby authorize the Hospital to disclose and list my last name and to disclose and list my physician's last name on census/patient tracking board that shall be located in plain view at a nurse's station, including the tracking board within the Operating Room, which would include my procedure.
3. I hereby authorize the disclosure and listings of my full name and of my physician's last name on nursing report sheets and medication drawers.
4. I understand that the purpose of this disclosure is to assist physicians, nursing staff and ancillary services in locating me within the Hospital and to provide treatment and care to me in a timely manner.
5. I hereby release the Hospital, its employees and my physicians from any and all responsibility arising out of the disclosure and listing of my last name and of my physician's last name. I have been given the option to refuse permission to disclose and list my last name and to disclose and list my physician's last name as described above.

DATE: 11-11-05

Tom L. Strong  
PATIENT

\_\_\_\_\_  
REPRESENTATIVE

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

WITNESS: Natalie Coff

Please read both sides before signing.

**1. Consent to Medical and Surgical Procedures**

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree T.L.S. Disagree \_\_\_\_\_

**2. Organ Donation**

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

**3. Patient Self-Determination Act**

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. \_\_\_\_\_
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. T.L.S.
- I have not executed an Advance Directive. \_\_\_\_\_
- I have received information about Advance Directives as required by federal law. \_\_\_\_\_
- Do you wish to execute an Advance Directive at this time? 8.  
☐ Yes ☐ No \_\_\_\_\_

**4. Personal Valuables**

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

**5. Weapons/Explosives/Drugs**

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

**6. Private Room**

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

**7. Financial Agreement**

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

**Notice of Privacy Practices**

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: T.L.S.

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Patient/Parent/Guardian/Conservator/Durable Power

Tom L. Strong

Signature (if married/available)

X

If other than patient, indicate relationship

Witness (to Signature only)

X Natalie

PATIENT IDENTIFICATION

Date

11-11-05

Time

☐ a.m.  
☐ p.m.

Conditions of Admission and Authorization for Medical Treatment

## CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA OR OTHER PROCEDURE

This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

1. I hereby authorize Dr. Schultz and/or such consultants, technical advisors, students, associates or assistants as may be selected by said physician to treat the following condition(s) which has (have) been explained to me: *(Explain the nature of the condition(s) in professional and lay language.)*

neck pain

2. The procedures planned for treatment of my condition(s) have been explained to me by my physician. I understand them to be: *(Describe procedures to be performed in professional and lay language.)*

Disco

At Eastern Idaho Regional Medical Center.

3. I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those above set forth. I therefore authorize my above named physician, and his or her assistants, designees or intraoperative consultants, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgment necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.
4. I consent to the taking of photographs, motion pictures, video taping or televising me during diagnostic and/or treatment sessions, operations, and/or other surgical or medical procedures. I authorize Dr. Schultz and/or such consultants, associates or assistants as may

be selected by said doctor to admit to the operating room and/or other areas of the hospital cameramen, photographers, technicians and equipment designed for such purposes.

5. I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

6. I consent to the administration of anesthesia by my attending physician, by an anesthesiologist or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.

7. ☐ I do ☐ do not consent to the transfusion of blood and blood products as deemed necessary. The risks of, benefits of, and alternatives to receiving blood have been explained to me. The risks include, but are not limited to, chills, fever, itching, other mild allergic reactions (including breakdown of the red blood cells) and possible exposure to infectious diseases. These risks exist despite careful testing of the blood and blood products. The blood may be donated by me for my own use and/or received from the volunteer donor pool.

8. Any tissues or parts surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

### PATIENT OR PATIENT REPRESENTATIVE'S ACKNOWLEDGMENT

I certify that my physician has informed me of the nature and character of the medical procedure or surgery described on this form, including its possible significant risks, benefits, complications and anticipated results; and the alternative forms of treatment, including non-treatment, and their significant risks, complications and anticipated results.

I acknowledge that I have read (or have had read to me) and fully understand the above consent, the explanations referred to were made, and all blanks or statements requiring insertion or completion were filled in before I affixed my signature.

SIGNATURE OF PATIENT

OR PATIENT REPRESENTATIVE

Print Patient's Name

X Thomas L. Strong  
Thomas Strong

DATE 11/11/05 TIME 1300

### WITNESS ACKNOWLEDGMENT

I acknowledge that I, as witness, have identified the above individual and I have verified his/her signature on this document if necessary per policy.

WITNESS SIGNATURE

[Signature]

### PHYSICIAN'S STATEMENT

The medical procedure or surgery stated on this form, including the possible risks, complications, alternative treatments (including non-treatment), benefits and anticipated results, was explained by me to the patient or his/her representatives before the patient or his/her representatives consented.

PHYSICIAN'S SIGNATURE

STRONG, THOMAS LEE  
0000241615 09/03/81 M:24  
009312657755 11/11/05 PRE 33C  
Grant E. Walker, M.D.

<b>STRONG, THOMAS LEE</b>		Admit Priority <b>ELECTIVE</b>	
Unit Number <b>D000241615</b>		Account Number <b>D00312662592</b>	Status <b>REG</b>
<b>PATIENT</b> SEC NO [REDACTED] RACE <b>W</b> FINANCIAL <b>PPD</b> Address: <b>1008 HILLVIEW AVE IDAHO FALLS, ID 83402</b>		<b>PATIENT EMPLOYER</b> [REDACTED] Work Phone: Occupation: <b>UNEM</b> Home Phone: <b>(208)524-0749</b> Patient Language: <b>ENGLISH</b>	
<b>GUARANTOR</b> <b>STRONG, THOMAS LEE</b> Address: <b>1008 HILLVIEW AV IDAHO FALLS, ID 83402</b> Home Ph: <b>(208)524-0749</b>		<b>GUARANTOR EMPLOYER</b> <b>UNEMPLOYED</b> Relation: <b>SAME AS PATIENT</b> Work #:	
<b>OTHER GUARANTOR</b> <b>CHENOWETH, TERILYN</b> Address: Occupation:		<b>OTHER GUARANTOR EMPLOYER</b> <b>BATTELLE ENERGY ALLIANCE</b> <b>, IDAHO FALLS, ID.</b> SS#: [REDACTED]	
<b>PERSON TO NOTIFY</b> Home#: Work#:		<b>NEXT OF KIN</b> <b>CHENOWETH, TERILYN</b> Home#: <b>(208)524-0749</b> Work#: <b>(208)526-2293</b> Relation to Patient: <b>MO</b>	
[REDACTED SECTION]			
Mail To: Policy Number: Subscriber: Relation to Patient:		IPLAN#: Group: Coverage: Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:	
<b>INSURANCE # 3</b> Mail To: Policy Number: Subscriber: Relation to Patient:		<b>AUTHORIZATION</b> Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:	
<b>OCCURRENCES</b> TYPE DATE TIME 11 11/16/05 1036		<b>CONDITIONS</b>	
<b>LAST HOSPITALIZATION:</b>		Adm Cmt: <b>PER S/S DR VERIFIED N/C N/IO</b>	
<b>ATTENDING PHY: Linderman, Catherine.</b> <b>PRIM CARE PHY:</b>		<b>ADMIT PHY:</b> <b>FML PHY:</b> <b>ER PHY:</b> <b>OTH PHY:</b>	
Date Time Source Room/Bed Arrival 11/16/05 1036 PR		Admitting Diagnosis/Reason For Visit <b>ID PAIN GENERATORS/FACET INJECTION</b> OTHER OUTPATIENT LOCATION: <b>D.SDS</b> Into Room: Admit Priority: <b>ELECTIVE</b>	
Patient Primary Outpatient Location: <b>D.ANG</b> Emergency Department Only - Arrival:		Admit Clerk <b>DBOBAAW</b> NEWBORN ID:	

**EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404**







MEDICAL IMAGING DEPARTMENT  
OUTPATIENT INVASIVE PROCEDURE

PATIENT NAME: \_\_\_\_\_  
ORDERING PHYSICIAN: \_\_\_\_\_  
DATE OF PROCEDURE: \_\_\_\_\_  
INVASIVE PROCEDURE: NCB  
PROCEDURE SITE: RT LT BILATERAL C3-T1 SPINAL LEVEL  
RADIOLOGIST PERFORMING PROCEDURE: Schmutz

CHECKLIST

Invasive procedure verified by patient/family ✓ YES \_\_\_\_\_ NO  
Procedure site verified by patient/family ✓ YES \_\_\_\_\_ NO  
Physician order checked for correct procedure ✓ YES \_\_\_\_\_ NO  
X-rays/Imaging Studies verify procedure site ✓ YES \_\_\_\_\_ NO  
Informed consent identifies correct procedure ✓ YES \_\_\_\_\_ NO

ACTIVE TIME OUT

- ☒ Radiologist  
☒ Technologist  
☒ Patient

STRONG, THOMAS LEE  
0000241615 09/03/81 M/24  
000312662592 11/16/05 PRE SOC  
Catherine Linderman, M.D.

Patient Identification Label

A. Linderman  
(Technologist Signature)

11/16/05  
Date

1200  
TIME

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

		Special Procedure Report
PATIENT NAME:	STRONG, THOMAS LEE	SEX: M
UNIT NUMBER:	D000241615	AGE: 24
ACCOUNT NUMBER:	D00312662592	DOB: [REDACTED]
ORDERING PHYSICIAN:	Linderman, Catherine, M.D.	ROOM: D.ANG
RADIOLOGIST:	FRITZ SCHMUTZ, M.D.	STATUS: REG SDC
DATE OF EXAM:	11/16/2005	RAD NUMBER: 188574

EXAMS:

000589377 SP SPINE INJECTION,  
000589378 SP SPINE INJECTION,  
000589379 SP SPINE INJECTION,  
000589380 SP SPINE INJECTION,  
000589381 SP SPINE INJECTION,  
000589382 SP SPINE INJECTION,  
000589383 SP SPINE INJECTION,  
000589384 SP SPINE INJECTION,  
000589385 SP SPINE INJECTION,  
000589386 SP SPINE INJECTION

NERVE ROOT BLOCK EXAMINATION INCLUDING NERVE ROOT BLOCKS OF THE RIGHT AND LEFT C3, C4, C5, C6, AND C8 NERVE ROOTS; TEN NERVE BLOCKS TOTAL. NOVEMBER 16, 2005.

CLINICAL HISTORY: POSTERIOR NECK PAIN RADIATING INTO THE OCCIPUT AS WELL AS INTO THE RIGHT SHOULDER, RIGHT ARM, AND RIGHT FOREARM. LEFT SHOULDER PAIN ALSO DESCRIBED BY THE PATIENT. NERVE ROOT BLOCKS REQUESTED (RIGHT AND LEFT C3, C4, C5, C6, AND C8 NERVE ROOT BLOCKS).

TECHNIQUE: After discussion of risks the patient gave informed consent for right and left C3, C4, C5, C6, and C8 nerve root blocks. The patient was examined and previous films were reviewed. A focused clinical history was obtained.

The patient was placed in the supine position and the skin of the right and left sides of the neck was prepped and draped. 1% Lidocaine mixed with sodium bicarbonate solution was administered for local anesthetic.

Under fluoroscopic guidance, ten 25-gauge spinal needles were advanced into the right and left C2-3, C3-4, C4-5, C5-6, and C7-T1 neural foramina. The needles were carefully advanced along the posterior aspects of the neural foramina positioning the needles adjacent to the exiting right and left C3, C4, C5, C6, and C8 nerve roots.

RIGHT C3 NERVE ROOT BLOCK: A small amount of Isovue-M 300 contrast was infused to confirm appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in right mastoid pain during the injection.

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PATIENT NAME: STRONG, THOMAS LEE      Special Procedure Report  
UNIT NUMBER: D000241615      SEX: M  
ACCOUNT NUMBER: D00312662592      AGE: 24  
ORDERING PHYSICIAN: Linderman, Catherine, M.D.      ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D.      STATUS: REG SDC  
DATE OF EXAM: 11/16/2005      RAD NUMBER: 188574

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000589381 SP SPINE INJECTION,  
000589382 SP SPINE INJECTION,  
000589383 SP SPINE INJECTION,  
000589384 SP SPINE INJECTION,  
000589385 SP SPINE INJECTION,  
000589386 SP SPINE INJECTION

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RIGHT C4 NERVE ROOT BLOCK: A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in right shoulder pain radiating down the right arm to the level of the right elbow and beyond the elbow into the forearm to the right fourth and fifth fingers.

RIGHT C5 NERVE ROOT BLOCK: A small amount of Isovue-M 300 contrast was infused to confirm appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in right-sided posterior neck pain and right shoulder pain during the injection.

RIGHT C6 NERVE ROOT BLOCK: A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in right-sided posterior base of neck pain radiating into the upper right back during the injection.

RIGHT C8 NERVE ROOT BLOCK: A small amount of Isovue-M 300 contrast was infused to confirm appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in lateral right-sided subclavicular and pectoralis pain during the injection.

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Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME:	STRONG, THOMAS LEE	Special Procedure Report
UNIT NUMBER:	D000241615	SEX: M
ACCOUNT NUMBER:	D00312662592	AGE: 24
ORDERING PHYSICIAN:	Linderman, Catherine, M.D.	ROOM: D.ANG
RADIOLOGIST:	FRITZ SCHMUTZ, M.D.	STATUS: REG SDC
DATE OF EXAM:	11/16/2005	RAD NUMBER: 188574

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000589379 SP SPINE INJECTION,  
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000589382 SP SPINE INJECTION,  
000589383 SP SPINE INJECTION,  
000589384 SP SPINE INJECTION,  
000589385 SP SPINE INJECTION,  
000589386 SP SPINE INJECTION

<Continued>

**LEFT C3 NERVE ROOT BLOCK:** A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in superior posterior left neck pain during the infusion.

**LEFT C4 NERVE ROOT BLOCK:** A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in pain on the left at the base of the skull radiating laterally into the upper left shoulder during the infusion.

**LEFT C5 NERVE ROOT BLOCK:** A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in posterior left neck pain radiating into the left shoulder during this injection.

**LEFT C6 NERVE ROOT BLOCK:** A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25% Marcaine. The patient described a transient increase in posterior left shoulder pain radiating into the upper left arm during the infusion.

**LEFT C8 NERVE ROOT BLOCK:** A small amount of Isovue-M 300 contrast was infused confirming appropriate positioning of the needle tip. This was followed by infusion of 40 mg of Kenalog mixed with 1 cc of 0.25%

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Medical Imaging Department  
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Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME: STRONG, THOMAS LEE      Special Procedure Report  
UNIT NUMBER: D000241615      SEX: M  
ACCOUNT NUMBER: D00312662592      AGE: 24  
ORDERING PHYSICIAN: Linderman, Catherine, M.D.      ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D.      STATUS: REG SDC  
DATE OF EXAM: 11/16/2005      RAD NUMBER: 188574

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000589383 SP SPINE INJECTION,  
000589384 SP SPINE INJECTION,  
000589385 SP SPINE INJECTION,  
000589386 SP SPINE INJECTION

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Marcaine. The patient described a transient increase in left pectoral pain radiating into the upper left arm during the infusion.

All needles were removed. No immediate complications occurred and the patient tolerated the procedure well.

The patient described a moderate decrease in the left-sided pain symptoms after the five nerve roots injected on the left (decreasing from 7/10 to 5/10 within the first several minutes).

The patient described a modest initial decrease in right-sided pain symptoms after the five nerve roots injected on the right (decreasing from 6/10 to 4/10 within the first several minutes).

IMPRESSION:

1. SUCCESSFUL RIGHT C3, C4, C5, C6, AND C8 NERVE ROOT BLOCKS. SEE THE ABOVE DISCUSSION FOR THE DESCRIPTION OF THE PAIN EXPERIENCE ENCOUNTERED DURING THE INITIAL INFUSIONS OF KENALOG/MARCAINE SOLUTION FOR EACH NERVE ROOT. THE PATIENT SUBSEQUENTLY DESCRIBED A MODEST INITIAL DECREASE IN RIGHT-SIDED PAIN SYMPTOMS DECREASING FROM 6/10 TO 4/10 ON THE RIGHT AFTER THE FIRST SEVERAL MINUTES.
2. SUCCESSFUL LEFT C3, C4, C5, C6, AND C8 NERVE ROOT BLOCKS AS DESCRIBED ABOVE. SEE THE ABOVE DISCUSSION FOR THE DETAILED DESCRIPTION OF TRANSIENT INCREASES IN PAIN DURING THE INITIAL INFUSIONS AT EACH LEVEL. THE PATIENT SUBSEQUENTLY DESCRIBED A MODEST INITIAL DECREASE IN PAIN ON THE LEFT SIDE FROM 7/10 TO 5/10 DURING THE FIRST SEVERAL MINUTES.

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Special Procedure Report

PATIENT NAME: STRONG, THOMAS LEE SEX: M  
UNIT NUMBER: D000241615 AGE: 24  
ACCOUNT NUMBER: D00312662592  
ORDERING PHYSICIAN: Linderman, Catherine, M.D. ROOM: D.ANG  
RADIOLOGIST: FRITZ SCHMUTZ, M.D. STATUS: REG SDC  
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000589384 SP SPINE INJECTION,  
000589385 SP SPINE INJECTION,  
000589386 SP SPINE INJECTION

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\*\* Electronically Signed by JAMES F SCHMUTZ on 11/22/2005 at 1316 \*\*  
Reported by: FRITZ SCHMUTZ, M.D.  
Signed by: SCHMUTZ, JAMES F

CC: Catherine M.D. Linderman

Dictated: 11/18/2005 1620 Tech: ART KNOWLES, RT(R)  
Printed: 11/22/2005 1401 Trans: 11/18/2005 2107 by DHIWLP

**Idaho Spine Center, PLLC**

131 N. Oak St., Blackfoot, ID 83221  
(208) 785-4665

2375 E. Sunnyside Suite A, Idaho Falls, 83404  
(208) 523-4141

Patient Name:

Tom STRONG

Dx

NECK PAIN, DDD

Please evaluate and treat for:

NEUROFORAMINAL STENOSIS

☐ Sacroiliac injection R L

☒ Nerve root block C T L

☒ Facet blocks (C) T L

☐ Discogram C T L

☐ Epidurals C T L

Levels C3, C4, C5, C6, C8 (B)

Levels (B) C2C3, C3C4, C4C5, C5C6, C7T1

Levels

Levels

(please schedule a series of 3, each 1 week apart)

Bingham Memorial Hospital

Blackfoot  
785-4100

Gary Walker, MD

Idaho Falls  
227-1200

Parkway Surgery Center

Blackfoot  
785-5100

Eric Roberts, MD (PVP)

Pocatello  
233-3007

James Schmutz, MD

Idaho Falls  
227-2612

Catherine Linderman

Idaho Falls  
524-0610

11/3/05

Date

DIAGNOSTIC  
TESTS TO  
I.D. PAIN  
GENERATOR

Wed  
Nov 16  
11:00

Grant Walker MD

**FAX COVER SHEET**

**CREEKSID PAIN CLINIC**  
**CATHERINE L. LINDERMAN, M.D.**  
2375 E. Sunnyside Road, Suite A  
Idaho Falls, ID 83404  
Telephone: (208) 524-0610  
Fax: (208) 557-0171

*U. Mc...*

**TO:**Name: Elmc Radiology

Company: \_\_\_\_\_

FAX Number: 529-7018**FROM:**Name: SeamsterDate: Nov 16, 05 Time: New order

TRAN

REM

REPI

This is  
intended  
my use  
received

CATHERINE L. LINDERMAN, M.D.

CREEKSID PAIN CLINIC

2375 E. Sunnyside Road, Suite A, Idaho Falls, ID 83404

Telephone: (208) 524-0610 Fax: (208) 557-0171

PHONE NUMBER

AGE

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**EASTERN IDAHO  
REGIONAL MEDICAL  
CENTER**

**PROGRESS NOTES**

Hosp. No. \_\_\_\_\_

Name \_\_\_\_\_ Room No. \_\_\_\_\_ Bed \_\_\_\_\_ Doctor \_\_\_\_\_

DATE	NOTES																				
	Tentative Diagnosis:																				
11-16-05	<p><u>TRAUMA</u></p> <p>24 y.o. WM - Post NECK <sup>(R)</sup> OCCIPITAL PAIN +</p> <p>(R) SHOULDER / ARM / FOREARM PAIN + (L) SHOULDER PAIN</p> <p>(B) C<sub>2</sub>, C<sub>4</sub>, C<sub>5</sub>, C<sub>6</sub>, C<sub>7</sub> NRRS REQUESTED.</p> <p>RISKS DISCUSSED PT EXAMINED. FILMS REVIEWED</p> <p>INFORMED CONSENT OBTAINED.</p> <p><u>PRELIM</u></p> <table border="0"> <tr> <td>(R) C<sub>3</sub>: ↑</td> <td>(R) MASTOID PAIN</td> <td>(L) C<sub>3</sub>: ↑</td> <td>UPPER POST NECK</td> </tr> <tr> <td>(R) C<sub>4</sub>: ↑</td> <td>SHOULDER ELBOW POST NECK TO 4-5 FINGER</td> <td>(L) C<sub>4</sub>: ↑</td> <td>BASE OF SKULL TO UPPER SHOULDER</td> </tr> <tr> <td>(R) C<sub>5</sub>: ↑</td> <td>POST NECK / SHOULDER</td> <td>(L) C<sub>5</sub>: ↑</td> <td>POST NECK / SHOULDER</td> </tr> <tr> <td>(R) C<sub>6</sub>: ↑</td> <td>POST BASE OF NECK / UPPER BACK</td> <td>(L) C<sub>6</sub>: ↑</td> <td>POST SHOULDER / UPPER ARM</td> </tr> <tr> <td>(R) C<sub>7</sub>: ↑</td> <td>LAT SUBCLAV / PECTORALIS</td> <td>(L) C<sub>7</sub>: ↑</td> <td>PECTORALIS / UPPER ARM</td> </tr> </table> <p>(L) SIDED 7/10 → 5/10</p> <p>(R) SIDED 6/10 → 4/10</p> <p>G: Ø</p> <p>A/P: OBSERVATION</p> <p><i>[Signature]</i> SCHMUTZ</p>	(R) C <sub>3</sub> : ↑	(R) MASTOID PAIN	(L) C <sub>3</sub> : ↑	UPPER POST NECK	(R) C <sub>4</sub> : ↑	SHOULDER ELBOW POST NECK TO 4-5 FINGER	(L) C <sub>4</sub> : ↑	BASE OF SKULL TO UPPER SHOULDER	(R) C <sub>5</sub> : ↑	POST NECK / SHOULDER	(L) C <sub>5</sub> : ↑	POST NECK / SHOULDER	(R) C <sub>6</sub> : ↑	POST BASE OF NECK / UPPER BACK	(L) C <sub>6</sub> : ↑	POST SHOULDER / UPPER ARM	(R) C <sub>7</sub> : ↑	LAT SUBCLAV / PECTORALIS	(L) C <sub>7</sub> : ↑	PECTORALIS / UPPER ARM
(R) C <sub>3</sub> : ↑	(R) MASTOID PAIN	(L) C <sub>3</sub> : ↑	UPPER POST NECK																		
(R) C <sub>4</sub> : ↑	SHOULDER ELBOW POST NECK TO 4-5 FINGER	(L) C <sub>4</sub> : ↑	BASE OF SKULL TO UPPER SHOULDER																		
(R) C <sub>5</sub> : ↑	POST NECK / SHOULDER	(L) C <sub>5</sub> : ↑	POST NECK / SHOULDER																		
(R) C <sub>6</sub> : ↑	POST BASE OF NECK / UPPER BACK	(L) C <sub>6</sub> : ↑	POST SHOULDER / UPPER ARM																		
(R) C <sub>7</sub> : ↑	LAT SUBCLAV / PECTORALIS	(L) C <sub>7</sub> : ↑	PECTORALIS / UPPER ARM																		

STRONG, THOMAS LEE  
D000241615 09/03/81 M/24  
D00312662592 11/16/05 PRE SOC  
Catherine Linderman, M.D.

Please read both sides before signing.

**1. Consent to Medical and Surgical Procedures**

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree T.L.S. Disagree \_\_\_\_\_

**2. Organ Donation**

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please Initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

**3. Patient Self-Determination Act**

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- ☒ I have executed an Advance Directive and have been requested to supply a copy to the Hospital.
- ☒ I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive T.L.S.
- ☐ I have not executed an Advance Directive.
- ☐ I have received information about Advance Directives as required by federal law.
- ☐ Do you wish to execute an Advance Directive at this time? ☐ Yes ☐ No

**4. Personal Valuables**

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

**5. Weapons/Explosives/Drugs**

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

**6. Private Room**

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

**7. Financial Agreement**

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

**8. Notice of Privacy Practices**

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: T.L.S.

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Parent/Guardian/Conservator/Domestic Partner

☒ Tom L. Strong

Spouse (if married/available)

☒

If other than patient, indicate relationship

Witness (to Signature only)

☒

PATIENT IDENTIFICATION

Date 11/10/05  
Time 1039  
☐ a.m.  
☐ p.m.

Conditions of Admission  
and Authorization for Medical Treatment

STRONG, THOMAS LEE  
0000261615  
2005-11-10 10:39 AM  
1039

**EASTERN IDAHO REGIONAL MEDICAL CENTER**  
**CONSENT FOR DISCLOSURE OF PHYSICIAN'S NAME**

STRONG, THOMAS LEE  
0000241615 09/02/81 M/24  
000312662592 11/26/05 PRE SDC  
Catherine Linderman, M.D.

NAME OF PATIENT: \_\_\_\_\_

1. I am a patient in Eastern Idaho Regional Medical Center
2. I hereby authorize the Hospital to disclose and list my last name and to disclose and list my physician's last name on census/patient tracking board that shall be located in plain view at a nurse's station, including the tracking board within the Operating Room, which would include my procedure.
3. I hereby authorize the disclosure and listings of my full name and of my physician's last name on nursing report sheets and medication drawers.
4. I understand that the purpose of this disclosure is to assist physicians, nursing staff and ancillary services in locating me within the Hospital and to provide treatment and care to me in a timely manner.
5. I hereby release the Hospital, its employees and my physicians from any and all responsibility arising out of the disclosure and listing of my last name and of my physician's last name. I have been given the option to refuse permission to disclose and list my last name and to disclose and list my physician's last name as described above.

DATE: 11/16/05

Thomas L. Strong  
PATIENT

\_\_\_\_\_  
REPRESENTATIVE

[Signature]  
RELATIONSHIP TO PATIENT

WITNESS: [Signature]

STRONG, THOMAS LEE  
0000241615 09/02/81 M/24  
000312662592 11/26/05 PRE SDC  
Catherine Linderman, M.D.

## CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA OR OTHER PROCEDURE

This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

1. I hereby authorize Dr. Schmutz and/or such consultants, technical advisors, students, associates or assistants as may be selected by said physician to treat the following condition(s) which has (have) been explained to me: (Explain the nature of the condition(s) in professional and lay language.)

neck pain

2. The procedures planned for treatment of my condition(s) have been explained to me by my physician. I understand them to be: (Describe procedures to be performed in professional and lay language.)

NRB (1) C3 C4 C5 C6 C7  
(2) " " " " "

At Eastern Idaho Regional Medical Center.

3. I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those above set forth. I therefore authorize my above named physician, and his or her assistants, designees or intraoperative consultants, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgment necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.
4. I consent to the taking of photographs, motion pictures, video taping or televising me during diagnostic and/or treatment sessions, operations, and/or other surgical or medical procedures. I authorize Dr. Schmutz and/or such consultants, associates or assistants as may

be selected by said doctor to admit to the operating room and/or other areas of the hospital cameramen, photographers, technicians and equipment designed for such purposes.

5. I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

6. I consent to the administration of anesthesia by my attending physician, by an anesthesiologist or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.

7. ☒ I do ☐ do not consent to the transfusion of blood and blood products as deemed necessary. The risks of, benefits of, and alternatives to receiving blood have been explained to me. The risks include, but are not limited to, chills, fever, itching, other mild allergic reactions (including breakdown of the red blood cells) and possible exposure to infectious diseases. These risks exist despite careful testing of the blood and blood products. The blood may be donated by me for my own use and/or received from the volunteer donor pool.

8. Any tissues or parts surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

### PATIENT OR PATIENT REPRESENTATIVE'S ACKNOWLEDGMENT

I certify that my physician has informed me of the nature and character of the medical procedure or surgery described on this form, including its possible significant risks, benefits, complications and anticipated results; and the alternative forms of treatment, including non-treatment, and their significant risks, complications and anticipated results.

I acknowledge that I have read (or have had read to me) and fully understand the above consent, the explanations referred to were made, and all blanks or statements requiring insertion or completion were filled in before I affixed my signature.

SIGNATURE OF PATIENT

OR PATIENT REPRESENTATIVE

Print Patient's Name

X Tom L. Strong  
Thomas Strong

DATE 11/16/05 TIME 1200

### WITNESS ACKNOWLEDGMENT

I acknowledge that I, as witness, have identified the above individual and I have verified his/her signature on this document if necessary per policy.

WITNESS SIGNATURE

### PHYSICIAN'S STATEMENT

The medical procedure or surgery stated on this form, including the possible risks, complications, alternative treatments (including non-treatment), benefits and anticipated results, was explained by me to the patient or his/her representatives before the patient or his/her representatives consented.

PHYSICIAN'S SIGNATURE

**EXHIBIT A**  
**Deposition Exhibit #6**

**Plaintiff Brian Hawk's  
EIRMC Medical Records**

LAW OFFICE

# HALL, FARLEY, OBERRECHT & BLANTON, P.A.

702 WEST IDAHO STREET, SUITE 700  
KEY FINANCIAL CENTER  
BOISE, IDAHO 83702

POST OFFICE BOX 1271  
BOISE, IDAHO 83701

TELEPHONE (208) 395-8500  
FACSIMILE (208) 395-8585  
W:\3\3-235.5\Hawkes 03.doc

E-MAIL: [contact@hallfarley.com](mailto:contact@hallfarley.com)  
WEB PAGE: [www.hallfarley.com](http://www.hallfarley.com)

RICHARD E. HALL  
DONALD J. FARLEY  
PHILLIP S. OBERRECHT  
J. CHARLES BLANTON  
RAYMOND D. POWERS  
CANDY WAGAHOFF DALE  
J. KEVIN WEST  
BART W. HARWOOD  
JOHN J. BURKE  
KEVIN J. SCANLAN  
TAMSEN L. LEACHMAN

KEELY E. DUKE  
JAMES S. THOMSON, II  
BRYAN A. NICKELS  
BRENT T. WILSON  
CHRIS D. COMSTOCK  
JILL M. TWEDT  
KARIN D. JONES  
PORTIA L. JENKINS  
RANDY F. WERTH  
BRIAN J. COFFEY  
KAREN O. SHEEHAN

*With Attorneys Admitted to Practice Law in  
Idaho, Oregon, Washington and Utah*

September 5, 2006

Lowell N. Hawkes  
Lowell N. Hawkes, Chartered  
1322 East Center  
Pocatello, ID 83201

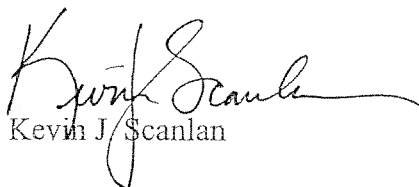
RE: Hawk v. Murphy  
HFOB File Nos. 3.235.5

Dear Mr. Hawkes:

Enclosed is a copy of Mr. Hawk's medical records we obtained from Eastern Idaho Regional Medical Center using the executed Release. The records are source coded EIRMC-H 1-66.

Best regards.

Very Truly Yours,

  
Kevin J. Scanlan

KJS/reb  
Enclosures

551

Exhibit No. <u>6</u>
Date: _____
T&T REPORTING

LAW OFFICE

HALL, FARLEY, OBERRECHT & BLANTON, P.A.

702 WEST IDAHO STREET, SUITE 700  
KEY FINANCIAL CENTER  
BOISE, IDAHO 83702

POST OFFICE BOX 1271  
BOISE, IDAHO 83701

TELEPHONE (208) 395-8500  
FACSIMILE (208) 395-8585  
W:\3\3-235.5\Hawkes 03.doc

E-MAIL: [contact@hallfarley.com](mailto:contact@hallfarley.com)  
WEB PAGE: [www.hallfarley.com](http://www.hallfarley.com)

RICHARD E. HALL	KEELY E. DUKE
DONALD J. FARLEY	JAMES S. THOMSON, II
PHILLIP S. OBERRECHT	BRYAN A. NICKELS
J. CHARLES BLANTON	BRENT T. WILSON
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---

*With Attorneys Admitted to Practice Law in  
Idaho, Oregon, Washington and Utah*

September 5, 2006

Lowell N. Hawkes  
Lowell N. Hawkes, Chartered  
1322 East Center  
Pocatello, ID 83201

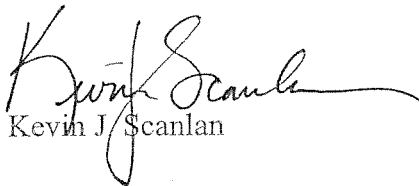
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Very Truly Yours,

  
Kevin J. Scanlan

KJS/reb  
Enclosures

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME:	HAWK, BRIAN	SEX:	M	Radiology Report
UNIT NUMBER:	D000521343	AGE:	43	
ACCOUNT NUMBER:	D00310746827			
ORDERING PHYSICIAN:	Buitrago, Martha, MD	ROOM:		
RADIOLOGIST:	JOHN STROBEL, M.D.	STATUS:	UNK	
DATE OF EXAM:	06/28/2004	RAD NUMBER:		

EXAMS:

000477972 XR PICC SINGLE

SINGLE LUMEN PICC LINE PLACEMENT, JUNE 28, 2004.

With informed consent the patient was prepped and draped in the usual sterile fashion. Local anesthesia was obtained overlying the basilic vein using sonographic guidance after performing a limited sonogram of the left upper arm veins. Skin incision was made with Bard-Parker scalpel. Using 21-gauge microaccess needle the basilic vein was entered with a single wall puncture technique. 0.018 guidewire was then passed into position within the right atrium. A catheter was trimmed to 50 cm. 4-F peel-away sheath was then advanced into the basilic vein. 4-F single lumen peripherally inserted central venous catheter was then advanced through the peel-away sheath and positioned with its tip at the atriocaval junction.

IMPRESSION: TECHNICALLY SUCCESSFUL LEFT BASILIC VEIN PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER WITH TIP AT THE ATRIOCAVAL JUNCTION.

\*\* Electronically Signed by JOHN J STROBEL on 06/30/2004 at 1946 \*\*  
Reported by: JOHN STROBEL, M.D.  
Signed by: STROBEL, JOHN J

CC: Buitrago, Martha, MD

Dictated: 06/28/2004 0000 Tech: BREEZY BIRD B.S. RT(R) (M)  
Printed: 08/25/2006 1007 Trans: 06/29/2004 1208 by DHIWLP



<b>HAWK, BRIAN</b>		<b>A#D00096590355</b>		<b>REG 08/04/03</b>		<b>U#D000521343</b>	
<b>PATIENT</b> SEC NO: [REDACTED] AGE: 42 SEX: M MS: M Religion: D.OTH VIP: CONF RACE: UNK FINANCIAL: PPD Address: 1185 SPRUCE POCA TELLO, ID 83201 Home Ph: (208)233-3281				<b>PATIENT EMPLOYER</b> IDAHO STATE UNIVERSITY 741 S.7TH/MGDCARE POCA TELLO ID 83201 Work Phone: (208)236-0211 Occupation: INSTRUCTOR Patient Language: ENGLISH			
<b>GUARANTOR</b> HAWK, BRIAN [REDACTED]				<b>GUARANTOR EMPLOYER</b> IDAHO STATE UNIVERSITY			
Address: 1185 SPRUCE POCA TELLO, ID 83201 Home Ph: (208)233-3281				741 S.7TH/MGDCARE POCA TELLO ID 83201 Work #: (208)236-0211			
<b>OTHER GUARANTOR</b> HAWK, MARY ELLEN [REDACTED] Address: Occupation: DESIGNER				<b>OTHER GUARANTOR EMPLOYER</b> I G O C 5TH ST . POCA TELLO. ID. 83201			
<b>PERSON TO NOTIFY</b> Home#: Work#:				<b>NEXT OF KIN</b> HAWK, HOWARD/JENNIE Home#: (208)232-7114 Work#: (208)251-7114			
Mail To: Policy Number: Subscriber: Relation to Patient:				Ins Verify: Rel Assign Contact: Group Name:			
Group: Coverage:				Pro Review:			
<b>INSURANCE # 3</b> Mail To: Policy Number: Subscriber: Relation to Patient:				<b>AUTHORIZATION</b> Treat/Percent: Ins Verify: Rel Assign Contact: Group Name:			
Group: Coverage:				Pro Review:			
<b>OCCURRENCES</b> TYPE DATE TIME 11 08/04/03 1013				<b>CONDITIONS</b>			
<b>LAST HOSPITALIZATION:</b>				Adm Cmt: ALL IS VERIFIED <b>ADMISSION / REGISTRATION</b>			
<b>ATTENDING PHY: Blair, Benjamin M.D.</b> <b>PRIM CARE PHY:</b>				<b>ADMIT PHY:</b> <b>FML PHY:</b>		<b>ER PHY:</b> <b>OTH PHY:</b>	
Date	Time	Source	Room/Bed	Arrival	Admitting Diagnosis/Reason For Visit		Admit Clerk
08/04/03	1014	PR			HERNIATED DISC/NO INJ		DRDBAW
PATIENT PRIMARY OUTPATIENT LOCATION: D.ANG				OTHER OUTPATIENT LOCATION:			
<b>EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404</b>							

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME:	HAWK, BRIAN	Special Procedure Report
UNIT NUMBER:	D000521343	SEX: M
ACCOUNT NUMBER:	D00096590355	AGE: 42
ORDERING PHYSICIAN:	Blair, Benjamin M.D.	ROOM: D.ANG
RADIOLOGIST:	FRITZ SCHMUTZ, M.D.	STATUS: REG SDC
DATE OF EXAM:	08/04/2003	RAD NUMBER: 238772

EXAMS:

000404290 SP DISKGRPHY CERV/THOR,  
000404293 SP DISKGRPHY CERV/THOR

TWO LEVEL PROVOCATIVE DISCOGRAM, AUGUST 4, 2003.

CLINICAL HISTORY: LEFT NECK, UPPER BACK, LEFT PERISCAPULAR, LEFT SHOULDER, AND LEFT ARM PAIN. PROVOCATIVE C4-5 (CONTROL LEVEL) AND C5-6 DISCOGRAPHY REQUESTED.

TECHNIQUE: After a discussion of risks, the patient gave informed consent for a provocative discography at the C4-5 and C5-6 levels.

The patient was examined and previous films were reviewed. A focused clinical history was obtained.

The patient was placed in the supine position and the skin of the right neck was prepped and draped. 1% Lidocaine mixed with sodium bicarbonate solution was administered for local anesthetic.

Using fluoroscopic guidance, two 25-gauge spinal needles were advanced into the centers of the C4-5 and C5-6 disc spaces.

C4-5 PROVOCATIVE DISCOGRAM: A small amount of Isovue M300 contrast was infused into the center of the disc which extravasated posteriorly. Forty mg of Kenalog mixed with 5 cc of 0.25% Marcaine were prepared.

Less than one cc of this Kenalog/Marcaine solution was briskly injected into the center of the C4-5 disc space which produced intense pain in the left scapula and left upper trapezius (typical location for the patient's pain). The patient did not experience any significant left neck, upper back, shoulder, or arm pain.

C5-6 PROVOCATIVE DISCOGRAM: A small amount of Isovue M300 contrast was infused into the disc space (there is disc space narrowing with endplate sclerosis and endplate osteophyte formation at this level). Contrast extravasated in a circumferential fashion.

Less than one cc of the above-described Kenalog/Marcaine solution was briskly injected into the center of the C5-6 disc space which produced

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

PATIENT NAME: HAWK, BRIAN  
UNIT NUMBER: D000521343  
ACCOUNT NUMBER: D00096590355  
ORDERING PHYSICIAN: Blair, Benjamin M.D.  
RADIOLOGIST: FRITZ SCHMUTZ, M.D.  
DATE OF EXAM: 08/04/2003

Special Procedure Report  
SEX: M  
AGE: 42  
ROOM: D.ANG  
STATUS: REG SDC  
RAD NUMBER: 238772

EXAMS:

000404290 SP DISKGRPHY CERV/THOR,  
000404293 SP DISKGRPHY CERV/THOR  
<Continued>

intense neck pain, more so on the left than on the right, but in an atypical location.

The pain that the patient experienced on injection was posteriorly and just to the left of midline. The patient's typical location of pain is more lateral and closer to the suboccipital region of the skull base.

The needles were removed. No immediate complications occurred and the patient tolerated the procedure well.

IMPRESSION:

1. TECHNICALLY SUCCESSFUL, TWO-LEVEL PROVOCATIVE DISCOGRAPHY.
2. AT THE C4-5 LEVEL, THE PROVOCATIVE DISCOGRAM PRODUCED INTENSE LEFT SCAPULAR AND UPPER LEFT TRAPEZIUS PAIN (TYPICAL IN LOCATION). THE PATIENT DID NOT EXPERIENCE ANY LEFT NECK, UPPER BACK, LEFT SHOULDER, OR LEFT ARM PAIN WITH THIS INJECTION. POSTERIOR EXTRAVASATION OCCURRED AS WELL (SMALL AMOUNT).
3. AT THE C5-6 LEVEL, THERE IS DISC SPACE NARROWING WITH ENDPLATE SCLEROSIS AND ENDPLATE OSTEOPHYTE FORMATION. THERE WAS CIRCUMFERENTIAL EXTRAVASATION OF CONTRAST. WITH THE PROVOCATIVE DISCOGRAM, THE PATIENT EXPERIENCED NECK PAIN, MORE SO ON THE LEFT THAN ON THE RIGHT, BUT IN AN UNUSUAL LOCATION. PAIN THAT THE PATIENT EXPERIENCED WAS POSTERIORLY AND CENTERED JUST TO THE LEFT OF MIDLINE, AS OPPOSED TO THE PATIENT'S MORE TYPICAL LOCATION OF LEFT NECK PAIN (MORE LATERAL AND CLOSER TO THE SUBOCCIPITAL REGION OF THE SKULL BASE).

\*\* Electronically Signed by JAMES F SCHMUTZ on 08/05/2003 at 1639 \*\*  
Reported by: FRITZ SCHMUTZ, M.D.  
Signed by: SCHMUTZ, JAMES F

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
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PATIENT NAME:	HAWK, BRIAN	Special Procedure Report
UNIT NUMBER:	D000521343	SEX: M
ACCOUNT NUMBER:	D00096590355	AGE: 42
ORDERING PHYSICIAN:	Blair, Benjamin M.D.	ROOM: D.ANG
RADIOLOGIST:	FRITZ SCHMUTZ, M.D.	STATUS: REG SDC
DATE OF EXAM:	08/04/2003	RAD NUMBER: 238772

EXAMS:

000404290 SP DISKGRPHY CERV/THOR,  
000404293 SP DISKGRPHY CERV/THOR  
<Continued>

CC: Benjamin Blair M.D.

Dictated: 08/05/2003 0956 Tech: VAL PARKE, RT(R)  
Printed: 08/05/2003 1758 Trans: 08/05/2003 1222 by DHICDS

## POCATELLO ORTHOPAEDIC &amp; SPORTS MED. INSTITUTE

333 NORTH 18TH AVE., SUITE D-1

POCATELLO, IDAHO 83201

(208) 233-2100

TAX ID # 82-0476846

HUGH S. SELZNICK, M.D.  
RICHARD WATKINS, M.D.  
BENJAMIN BLAIR, M.D.

NAME: Brian HawkAGE: 9/24/60HISTORY: Neck pain

REASON FOR SCAN:

TEST SCHEDULED CS, 6  
MRI Discogram L45 = Control  
MRI WITH CONTRAST  
BONE SCAN  
CT SCAN  
MYELOGRAM & POST MYELOGRAM CT  
EMG/NCV  
ARTHROGRAM

(Mon)

r. Madden

at GRMC on 8/4/03 at 9:30 am/pm  
30 minutes

Please check in at admissions ~~15 to 20 minutes~~ earlier than your scheduled appointment time. Please contact your insurance carrier that this test has been scheduled. Some insurance companies require preauthorization of these services.

If you have any questions or concerns, please contact me.

Thank you,

Escherer  
Lori Durback, LPN  
Erica Scherer, CNA  
Jean Holder, LPN  
Debbie Hennessy, CNA



Please read both sides before signing.

1. **Consent to Medical and Surgical Procedures**  
I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV). If a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree BH Disagree \_\_\_\_\_

2. **Organ Donation**  
I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

3. **Patient Self-Determination Act**  
I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. BH
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. \_\_\_\_\_
- I have not executed an Advance Directive. \_\_\_\_\_
- I have received information about Advance Directives as required by federal law. \_\_\_\_\_
- Do you wish to execute an Advance Directive at this time?  
☐ Yes ☐ No \_\_\_\_\_

4. **Personal Valuables**  
I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

5. **Weapons/Explosives/Drugs**  
I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

6. **Private Room**  
I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

7. **Financial Agreement**  
In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patient's account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patient's account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

8. **Notice of Privacy Practices**  
I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial BH

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Date 8/14/03  
Time 1007 ☐ a.m. ☐ p.m.

Patient/Parent/Guardian/Conservator/Domestic Partner

Brian Hawk

If other than patient, indicate relationship

Self

Spouse (if married available)

X

Witness (to Signature Only)

BH

PATIENT IDENTIFICATION

Conditions of Admission  
and Authorization for Medical Treatment

A740B Rev. 3/03

Page 1 of 2

MEDICAL RECORDS

HAWK, BRIAN  
0000521343 09/24/03 M/42  
000096590355 08/04/03 SSC  
Attending: Benjamin Blair, M.D.

559

**EASTERN IDAHO REGIONAL MEDICAL CENTER**  
**CONSENT FOR DISCLOSURE OF NAME AND OF PHYSICIAN'S NAME**

HAWK, BRIAN  
D000521343 09/24/60 M/42  
D00096590355 08/04/83 SSC  
Attending: Benjamin Blair, M.D.

NAME OF PATIENT: \_\_\_\_\_

1. I am a patient in Eastern Idaho Regional Medical Center.
2. I hereby authorize the Hospital to disclose and list my last name and to disclose and list my physician's last name on a census board that shall be located in plain view at a nurse's station.
3. I hereby authorize the disclosure and listings of my last name and of my physician's last name on nursing report sheets and medication drawers.
4. I understand that the purpose of this disclosure is to assist physicians, nursing staff and ancillary services in locating me within the Hospital and to provide treatment and care to me in a timely manner.
5. I hereby release the Hospital, its employees and my physicians from any and all responsibility arising out of the disclosure and listing of my last name and of my physician's last name. I have been given the option to refuse permission to disclose and list my last name and to disclose and list my physician's last name as described above.

Date: 8/9/03

Brian Hawk  
Patient

Representative \_\_\_\_\_

Self  
Relationship to Patient

BW  
Witness

HAWK, BRIAN  
D000521343 09/24/60 M/42  
D00096590355 08/04/83 SSC  
Attending: Benjamin Blair, M.D.

Please read both sides before signing.

**1. Consent to Medical and Surgical Procedures**

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree BAA Disagree \_\_\_\_\_

**2. Organ Donation**

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

**3. Patient Self-Determination Act**

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. BAA
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. \_\_\_\_\_
- I have not executed an Advance Directive. \_\_\_\_\_
- I have received information about Advance Directives as required by federal law. \_\_\_\_\_
- Do you wish to execute an Advance Directive at this time? 8. ☐ Yes ☐ No \_\_\_\_\_

**4. Personal Valuables**

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

**5. Weapons/Explosives/Drugs**

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

**6. Private Room**

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

**7. Financial Agreement**

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

**8. Notice of Privacy Practices**

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: BAA

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

☐ Patient is medically unable to sign the Conditions of Admission

Date 6/25/04  
Time 1035 ☒ a.m. ☐ p.m.

Patient/Parent/Guardian/Conservator/Domestic Partner

Brian Hawk 6/25/04

Spouse (if married/available)

X

If other than patient, indicate relationship

Self

Witness (to Signature only)

X

PATIENT IDENTIFICATION

HAWK, BRIAN  
0000521343 09/24/66 M/43  
000313735165 06/25/04 SOC  
Attending: Catherine Linderman

Conditions of Admission  
and Authorization for Medical Treatment



EASTERN IDAHO REGIONAL MEDICAL CENTER  
CONSENT FOR DISCLOSURE OF NAME AND OF PHYSICIAN'S NAME

HAWK, BRIAN  
0000521343 09/24/60 M/43  
000310735165 06/25/04 SOC  
NAME OF PATIE Attending: Catherine Linderman

1. I am a patient in Eastern Idaho Regional Medical Center.
2. I hereby authorize the Hospital to disclose and list my last name and to disclose and list my physician's last name on a census board that shall be located in plain view at a nurse's station.
3. I hereby authorize the disclosure and listings of my full name and of my physician's last name on nursing report sheets and medication drawers.
4. I understand that the purpose of this disclosure is to assist physicians, nursing staff and ancillary services in locating me within the Hospital and to provide treatment and care to me in a timely manner.
5. I hereby release the Hospital, its employees and my physicians from any and all responsibility arising out of the disclosure and listing of my last name and of my physician's last name. I have been given the option to refuse permission to disclose and list my last name and to disclose and list my physician's last name as described above.

Date: 6/25/04

Brian Hawk  
Patient

Self  
Representative

Relationship to Patient \_\_\_\_\_

[Signature]  
Witness

HAWK, BRIAN  
0000521343 09/24/60 M/43  
000310735165 06/25/04 SOC  
Attending: Catherine Linderman

## CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA OR OTHER PROCEDURE

This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

1. I hereby authorize Dr. Catherine Linderman or such consultants, technical advisors, students, associates or assistants as may be selected by said physician to treat the following condition(s) which has (have) been explained to me: (Explain the nature of the condition(s) in professional and lay language.)

Intractable Migraine, Cervical Syndrome, Cervical Arthritis.

2. The procedures planned for treatment of my condition(s) have been explained to me by my physician. I understand them to be: (Describe procedures to be performed in professional and lay language.)

Spinal Cord Stimulation Implantation with use of the generator.

At Eastern Idaho Regional Medical Center.

3. I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those above set forth. I therefore authorize my above named physician, and his or her assistants, designees or intraoperative consultants, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgment necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.
4. I consent to the taking of photographs, motion pictures, video taping or televising me during diagnostic and/or treatment sessions, operations, and/or other surgical or medical procedures. I authorize Dr. Linderman and/or such consultants, associates or assistants as may

be selected by said doctor to admit to the operating room and/or other areas of the hospital cameramen, photographers, technicians and equipment designed for such purposes.

5. I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

/ / / /

6. I consent to the administration of anesthesia by my attending physician, by an anesthesiologist or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.

☒ I do ☐ do not consent to the transfusion of blood and blood products as deemed necessary. The risks of, benefits of, and alternatives to receiving blood have been explained to me. The risks include, but are not limited to, chills, fever, itching, other mild allergic reactions (including breakdown of the red blood cells) and possible exposure to infectious diseases. These risks exist despite careful testing of the blood and blood products. The blood may be donated by me for my own use and/or received from the volunteer donor pool.

8. Any tissues or parts surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

### PATIENT OR PATIENT REPRESENTATIVE'S ACKNOWLEDGMENT

I certify that my physician has informed me of the nature and character of the medical procedure or surgery described on this form, including its possible significant risks, benefits, complications and anticipated results; and the alternative forms of treatment, including non-treatment, and their significant risks, complications and anticipated results.

I acknowledge that I have read (or have had read to me) and fully understand the above consent, the explanations referred to were made, and all blanks or statements requiring insertion or completion were filled in before I affixed my signature.

SIGNATURE OF PATIENT

OR PATIENT REPRESENTATIVE

Print Patient's Name

Brian Hawk

DATE 6/25/04 TIME 1100

### WITNESS ACKNOWLEDGMENT

I acknowledge that I, as witness, have identified the above individual and I have verified his/her signature on this document if necessary per policy.

WITNESS SIGNATURE

Marilyn Corbett

### PHYSICIAN'S STATEMENT

The medical procedure or surgery stated on this form, including the possible risks, complications, alternative treatments (including non-treatment), benefits and anticipated results, was explained by me to the patient or his/her representatives before the patient or his/her representatives consented.

PHYSICIAN'S SIGNATURE

HAWK, BRIAN  
0630521343 09/24/00 M/43  
000316735165 06/25/04 SDC  
Attending: Catherine Linderman, M.D.

Age/Sex: 43 M  
 Unit #: D000521343  
 Admitted: 06/25/04 at 1950  
 Status: DIS INO

Attending: Linderman, Catherine, M.D.  
 Account #: D00310735165  
 Location: D.0G  
 Room/Bed: 0.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
 FINAL INTERDISCIPLINARY DISCHARGE RECORD

Page: 1

Printed 07/14/04 at 2100

Diagnosis/Goal/Intervention Description									Diagnosis/Goal/Intervention Description								
Activity Type	Occurred Date	Recorded Time by	Sts Comment	Directions Documented Units	From Change	Activity Type	Occurred Date	Recorded Time by	Sts Comment	Directions Documented Units	From Change						
Activity Date: 06/24/04 Time: 1202						Activity Date: 06/24/04 Time: 1202 (continued)											
MRI Allergies: 06/24 1202 JOL 06/24 1202 JOL Starting Values No allergy record on file. Edited and Verified MEDICATION: Last Updated: 06/24 1202 JOL ADD: NKDA - No Known Drug Allergies FOOD: Last Updated: 06/24 1202 JOL ADD: NKFA - No Known Food Allergies CONTRAST MEDIA: Last Updated: 06/24 1202 JOL ADD: NKCA - No Known Contrast Allergies OTHER: Last Updated: 06/24 1202 JOL ADD: EKG PAOS - RASH ADD: TAPE - TAPE ALL BUT CLOTH TAPE						0104-A Admission: Pre-Admit History + (continued) home remedies): YES CURRENT / PAST MEDICAL / SURGICAL HISTORY RESPIRATORY / LUNGS : Denies Problems VASCULAR / HEART : History Of NEUROLOGICAL / BRAIN / SPINAL CORD : History Of GASTROINTESTINAL / BOWEL / DIGESTIVE : History Of MUSCULOSKELETAL : History Of ENDOCRINE : History Of BLOOD : Denies Problems PSYCHIATRIC : History Of SKIN : Denies Problems URINARY / REPRODUCTIVE : Denies Problems EYES / EARS / NOSE / THROAT : History Of OPERATION PROCEDURES : History Of ANESTHESIA : Denies Problems DENTAL HISTORY : History Of NUTRITION Special Diet: REGULAR Stated weight: 170 Height - Feet: 6 Inches: 1.0 Nausea/vomiting 72 hours or more: Y Difficulty with Chewing: N Swallowing: Y Eating: Y Other: D/T MIGRAINES ADJUSTMENT TO ILLNESS Request for Support or Counseling DISCHARGE / DISPOSITION Living Arrangement - Patient lives in: HOUSE SELF CARE No Problems/Issues: N PATIENT LIVES WITH Spouse: Y Name of person: MARY ELLEN HAWK											
0104-A Admission: Pre-Admit History + A ONCE - Create 06/24/04 1202 JOL 06/24/04 1223 JOL AS 0104-A Admission: Pre-Admit History + A ONCE - Document 06/24/04 1202 JOL 06/24/04 1223 JOL AS Reason for admission: SPINAL CORD STIMULATOR Primary Physician: LINDERMAN Procedure date: 06/25/04 Admit time: 1100 Procedure time: 1300 NPO Instruct: NO SOLID FOODS AFTER MIDNIGHT; CLEAR LIQUIDS UNTIL 0900 Phone call by: ONUJOL LYLE, JOLENE ---PERSONAL INFORMATION--- Person providing information/receiving instructions: SELF Primary Language: ENGLISH --- ADVANCE DIRECTIVES --- Living will: Y Copy on Chart: N Health Care Power of Attorney: Y Health Care Power of Attorney (name): MARY ELLEN HAWK Copy on Chart: N Copy to be brought in by: PATIENT Interest expressed in (Tissue, Bone, Eyes): Alcohol use: YES Alcohol Comment: RARELY Tobacco use: CURRENT How many cigarettes do you smoke a day? 2 Do you have a cigarette within 1 hour of awakening? Y Recreational drug use: DENIES Immunizations Tetanus: Y Yr: 1998 Flu vaccine: N Pneumonia vaccine: N Medications taken regularly (Prescription, over-the-counter,																	

Age/Sex: 43 M  
Unit #: 0000521343  
Admitted: 06/25/04 at 1950  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: D.06  
Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

Page: 3

Printed 07/14/04 at 2100

Diagnosis/Goal/Intervention Description									Diagnosis/Goal/Intervention Description								
Activity Type	Occurred Date	Recorded Time	by	Sts	Directions	Documented	From	Change	Activity Type	Occurred Date	Recorded Time	by	Sts	Directions	Documented	From	Change
Activity Date: 06/25/04 Time: 1122 (continued)									Activity Date: 06/25/04 Time: 1122 (continued)								
0115 Admission: Pre-Admit Assessment + (continued) motion equal and strong bilaterally; Intact facial symmetry; pupils equal and reactive to light. Within Defined Parameters? No - Comment Required --- RESPIRATORY --- Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion symmetrical; no excessive sputum. Within Defined Parameters? No - Comment Required --- CARDIOVASCULAR --- Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to 2 seconds; No peripheral edema. Within Defined Parameters? Yes --- MUSCULOSKELETAL --- No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness. Within Defined Parameters? Yes --- GASTROINTESTINAL --- Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color within patient's typical pattern; No excessive flatulence, decreased appetite. No nausea or vomiting; Oral mucosa pink/moist. Within Defined Parameters? Yes - With Comment --- GENITOURINARY --- Urine clear and yellow to amber in color; No frequency, burning or urgency. Within Defined Parameters? Yes --- INTEGUMENTARY --- Skin warm/dry and intact; Color typical for patient; Skin turgor elastic. Within Defined Parameters? Yes - With Comment --- PSYCHOSOCIAL --- Affect appropriate for situation; Cooperative, responds appropriately; Maintains appropriate eye contact. Within Defined Parameters? Yes - With Comment --- PAIN --- Pain: Y Pain Scale (0-10): 5 Pain in recent past? Y --- ULCER --- Partial Thickness or Greater: N Wounds/Incisions: N Pressure ulcer(s) present on admit: N --- SAFETY/RISK --- Isolation: STANDARD IV: Y ---FALL RISK ASSESSMENT---									0115 Admission: Pre-Admit Assessment + (continued) Mental Status: 0 Not Altered Sensory Preceptual Status: 0 Not Altered Physical Mobility Status: 0 Not Altered Elimination Status: 0 Not Altered Recent History of Falls: 0 None the past 3 months Patient's Age: 0 Under 65 years of age Total Score: 0 Fall Risk Screening: 0-2 Low/Normal --- BRADEN SCALE --- Sensory Perception: 4 Moisture: 4 Activity: 3 Mobility: 4 Nutrition: 3 Friction and Shear: 3 Total Score: 21 --- INSTRUCTIONS --- EXPLAINED the following: Intercom, bed controls, TV, visiting policy, using the telephone, calling for assistance in and out of room. REVIEWED the following: Unit routines, pain management rights, patient rights, patient handbook and location of bathroom. ENSURE the following: Bed in lowest position and locked, patient responsible for valuables, call bell is within reach, top side rails are up. Exceptions to above: N Valuables: WIFE HAS BELONGINGS. Add Hospital Standards to Care Plan: OSC Age group: MA Enter Surgical List: Y Pager/Other Contact Number: WIFE, MARY ELLEN 221-3281 (WAIT RM) Adm. Hx Comment: CEFZOLIN GM 1 IVPB SENT TO OR /C PT. mm Pupil Size Rt. Eye: 2 mm Pupils: PERRL Neuro Comment: PT. HAS FREQUENT SEVERE HEADACHES, BACK PAIN, DIZZINESS, Neuro Comment: MEMORY PROBLEMS, AND SOME NAUSEA. Resp Comment: PT. STATES THAT HE HAS CENTRAL SLEEP APNEA, DOES NOT USE Resp. Comment: C-PAP, AVOIDS NARCOTIC PAIN MEDS. TAKES ACTIQ Last BM: 06/24/04 Abd. Comment: PT. STATES HE FREQUENTLY FEELS NAUSEATED. HE Abd. Comment: HAD PRESCRIPTION FOR COMPazine, ZOFran BUT DOES NOT TAKE. Skin Comment: PT. HAS ALLERGY TO MOST TAPES, ALSO EKG PATCHES. Skin Comment: CHEST SHOWS SLIGHT REDNESS, ITCHINESS FROM HALTER MONITOR. Neuro-Psych Comment: PT. STATES THAT LEXAPRO HAS HELPED FOR "THE MOST PART" WITH DEPRESSION Pain Level Goal: 3 Pain treatments which work: PT. STATES THAT HEADACHE INCREASES AS DAY PROGRESSES. Treatment cont: ACTIQ HAS HELPED.								

Age/Sex: 43 M  
Unit #: D000521343  
Admitted: 06/25/04 at 1950  
Status: DIS IHO

Attending: Linderman, Catherine, M.D.  
Account #: D00310735165  
Location: D. OG  
Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Printed 07/14/04 at 2100

Diagnosis/Goal/Intervention Description							Diagnosis/Goal/Intervention Description						
Activity Type	Occurred Date	Recorded Time	Directions by	Comment	Documented Units	From Change	Activity Type	Occurred Date	Recorded Time	Directions by	Comment	Documented Units	From Change
Activity Date: 06/25/04 Time: 1142 (continued)							Activity Date: 06/25/04 Time: 1145 (continued)						
4136800	Meds: Effectiveness/Side Effects Monitor (continued)						0115	Admission: Pre-Admit Assessment + (continued)					
- Create	06/25/04 1142 MSC	06/25/04 1142 MSC					BMI: 23.6						
4750208	Discharge: Assess/Instruct +			A	ON DISCHARGE	CP	IBW (kg): 48.080						
	*Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.						IBW %: 168.00						
- Create	06/25/04 1142 MSC	06/25/04 1142 MSC					Review pt meds: Y						
4811040	Fall: Instruct prevention/protection +			A	ON ADMISSION AND PRN.	CP	--- NEUROLOGICAL ---						
	*Pt verbalizes knowledge of fall prevention/instruction.						Alert. Oriented x 3: Denies sensory changes (no numbness, tingling or loss of sensation); motion equal and strong bilaterally; Intact facial symmetry; pupils equal and reactive to light.						
- Create	06/25/04 1142 MSC	06/25/04 1142 MSC					Within Defined Parameters? No - Comment Required						
Activity Date: 06/25/04 Time: 1145							--- RESPIRATORY ---						
MRI Allergies:	06/25 1146 MSC	06/25 1146 MSC					Breath sounds clear: Respirations even and unlabored: No cough: Equal expansion						
Starting Values	Last Verified: 06/25/04 1122						symmetrical: no excessive sputum.						
MEDICATION:	Last Updated: 06/24 1202 JOL						Within Defined Parameters? Yes - With Comment						
	NKDA - No Known Drug Allergies						--- CARDIOVASCULAR ---						
FOOD:	Last Updated: 06/24 1202 JOL						Heart rhythm regular; Peripheral pulses intact: Capillary refill less than or equal to						
	NKFA - No Known Food Allergies						2 seconds: No peripheral edema.						
CONTRAST MEDIA:	Last Updated: 06/24 1202 JOL						Within Defined Parameters? Yes						
	NKCA - No Known Contrast Allergies						--- MUSCULOSKELETAL ---						
OTHER:	Last Updated: 06/25 1122 MSC						No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.						
	EKG PAOS -						Within Defined Parameters? Yes						
	RASH						--- GASTROINTESTINAL ---						
	TAPE - TAPE						Abdomen soft, non-tender: Bowel sounds present: stool frequency/consistency/color						
	ALL BUT CLOTH TAPE ( CAN USE PAPER OR SILK)						within patient's typical pattern; No excessive flatulence.						
Verified							decreased appetite:						
0115	Admission: Pre-Admit Assessment +			A	ONCE	AS	No nausea or vomiting: Oral mucosa pink/moist.						
- Document	06/25/04 1146 MSC	06/25/04 1152 MSC					Within Defined Parameters? Yes - With Comment						
--- ADMISSION ASSESSMENT ---							--- GENITOURINARY ---						
Date:	06/25/04						Urine clear and yellow to amber in color; No frequency, burning or urgency.						
Time:	1035						Within Defined Parameters? Yes						
Mode of Arrival:	AMBULATORY						--- INTEGUMENTARY ---						
Temperature:	96.2						Skin warm/dry and intact: Color typical for patient: Skin turgor elastic.						
Temp Source:	TYM						Within Defined Parameters? Yes - With Comment						
Pulse:	69						--- PSYCHOSOCIAL ---						
Pulse Source:	API						Affect appropriate for situation: Cooperative. responds appropriately: Maintains						
Respirations:	14						appropriate eye contact.						
Resp Source:	OBS						Within Defined Parameters? Yes - With Comment						
Blood Pressure:	104/70						--- PAIN ---						
BP Source:	ARM-L						Pain: Y						
SpO2% on RA:	93						Pain Scale (0-10): 5						
Height - Feet:	6						Pain in recent past? Y						
Inches:	1.0						--- ULCER ---						
Cm:	185.42												
Weight - Lb:	179												
Kg:	81.19												
Wt Source:	STANDING												
Body Frame:	MEDIUM												

Age/Sex: 43 M  
Unit #: D000521343  
Admitted: 06/25/04 at 1950  
Status: DIS INO

Attending: Linderman, Catherine, M.D.  
Account #: D00310735165  
Location: O.06  
Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity		Occurred		Recorded		Sts Directions		From		Activity		Occurred		Recorded		Sts Directions		From	
Type	Date	Time	by	Date	Time	by	Comment	Units	Change	Type	Date	Time	by	Date	Time	by	Comment	Units	Change
Activity Date: 06/25/04 Time: 1945 (continued)										Activity Date: 06/25/04 Time: 2000 (continued)									
2000 SDS Post Procedure Assessment + (continued) Recieved from: PACU Transport Mode: Stretcher Mod Aldrete >9: Y LOC: Alert Re-oriented to room: Y Side rails: UP Bed position: UP Bed locked: Y HOB elevated: Y Call light in reach: Y Armband on: Y IV site checked: Y Family or S/O at bedside: Y Procedure site checked: Y Drains patent: N/A Cardiovascular within baseline: Y Distal pulses within baseline: Y Neurologically within baseline: Y Skin warm, dry and pink: Y Respiratory within baseline: Y Bowel sounds present: Y Extremity elevated and iced: N/A Orders on chart: Y Dr. visited with family: Y Additional comments: DRSG TO NECK C/D/I. ABD BANDER IN PLACE. PT REQUESTING PAIN MEDS. : WILL REVIEW ORDERS. Patient Notes: Nurses' Notes - Create 06/25/04 1945 SSM 06/25/04 2302 SSM  PT ARRIVED TO FLOOR VIA STRETCHER. POST OP VS INITIATED. PT REQUESTING PAIN MEDS. WILL REVIEW ORDERS. Note Type Description No Type None										1549026 Pain Assessment/Management + (continued) Epidural/Spinal Narcotics: N Pain Level Goal: 3 Pain treatments which work: PT. STATES THAT HEADACHE INCREASES AS DAY PROGRESSES. Treatment cont: ACTIQ HAS HELPED. (Note precipitating or relieving factors, quality, onset, duration) Comment: REQUESTING PAIN MEDS Medications Given: Y : MORPHINE 10MG IM 1701000 VS: Monitor + A Q4H CP - Document 06/25/04 2000 SSM 06/25/04 2246 SSM Blood Pressure: 97/62 BP Source: ARM-L Temperature: 98.0 Temp Source: ORL Pulse: 58 Pulse Source: MDN Respirations: 16 Resp Source: OBS SpO2%: 91 RA or O2: RA 2300030 Age Appropriate: Mid Adult 41 to 65 Yrs A .SEE PROTOCOL CP - Document 06/25/04 2000 SSM 06/25/04 2246 SSM 4129500 IV: Insertion/Monitor + A PRN CP - Document 06/25/04 2000 SSM 06/25/04 2248 SSM IV Site: RT HAND IV Pump: N IV Insert Comment: IV HEPLOCKED, PATENT 4750208 Discharge: Assess/Instruct + A .ON DISCHARGE CP *Discharge instructions will be completed on Nursing Discharge Assessment/Planning form. - Document 06/25/04 2000 SSM 06/25/04 2258 SSM Date of Discharge: 06/25/04 Time of Discharge: 2040 Last Assessment Completed Mode of Discharge: AMBULATORY Primary Admt Dx/Reason: SPINAL CORD STIMULATOR Pressure ulcer(s) present on admit: N Pressure ulcer(s) present on discharge: N Discharge Category: Discharge To Home or HHS (Press Shift & F8 For Help) Name of Hospital/Agency/OME Provider: HOME - SELF CARE Discharge Disposition: HQM Accompanied at D/C by: SIGNIFICANT OTHER Pain Scale (0-10): 6 Pain goal met: Y Pain comment: PT ST MORPHINE EFFECTIVE FOR PAIN Fall Risk Screening: 0-2 Low/Normal Diet: REGULAR									
Activity Date: 06/25/04 Time: 2000										1549026 Pain Assessment/Management + A Q4H CP *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures. - Document 06/25/04 2000 SSM 06/25/04 2242 SSM Pain: Y Pain Scale (0-10): 8 Pain Location: NECK Non-Verbal Behaviors: N PCA pump: N									

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Age/Sex: 43 M  
 Unit #: 0000521343  
 Admitted: 06/25/04 at 1950  
 Status: DIS INO

Attending: Linderman, Catherine, M.D.  
 Account #: 000310735165  
 Location: D.CG  
 Room/Bed: D.102-A

HANK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
 FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description							
Activity Type	Occurred Date	Recorded Time by Date	Sts	Directions Documented	From	Change	
1549026	Pain Assessment/Management + (continued) therapy when appropriate. Assess effectiveness of pain relief measures.						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A => D		
1549026	Pain Assessment/Management + *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 3 or less.						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	Q4H	CP
1701000	VS: Monitor +						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	Q4H	CP
2300030	Age Appropriate: Mid Adult 41 to 65 Yrs						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	SEE PROTOCOL	CP
2516600	Notify: Physician +						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	PRN	CP
4129500	IV: Insertion/Monitor +						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	PRN	CP
4136800	Meds: Effectiveness/Side Effects Monitor A *Reassess medication effectiveness for pain medications 30 to 60 minutes after administration.						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	30-60 MIN AFTER MED ADMIN & CP PRN	A => D
4750208	Discharge: Assess/Instruct + *Discharge instructions will be completed on Nursing Discharge Assessment/Planning form.						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	ON DISCHARGE	CP
4811040	Fall: Instruct prevention/protection + *Pt verbalizes knowledge of fall prevention/instruction.						
- Ed Status	06/25/04	2316 his	06/25/04	2316 his	A	ON ADMISSION AND PRN.	A => D
Monogram Initials Name Nurse Type							
JOL	DNWJOL	LYLE, JOLENE	RN				
MSC	DNUMSC	CORBETT, MARILYN S	RN				
SSM	DNUSSM	SMITH, SUSAN M	RN				
his		automatic by program					

Age/Sex: 43 M  
Unit #: D000521343  
Admitted:  
Status: PRE SOC

Attending: Linderman, Catherine, M.D.  
Account #: D00310/35165  
Location: O.SUS  
Room/Bed:

HAWK, BRIAN 35

Eastern Idaho Reg Patient Care \*Live\*  
Preadmission History

needs EKG, lab work  
in AM 1100

Page: 1

Type	Allergy - Severity/Comments	Updated Dt/Tm	Verified Dt/Tm
MEDICATION	No Known Drug Allergies	06/24/04 1202	06/24/04 1202
FOOD	No Known Food Allergies	06/24/04 1202	06/24/04 1202
CONTRAST MEDIA	No Known Contrast Allergies	06/24/04 1202	06/24/04 1202
OTHER	RASH TAPE ALL BUT CLOTH TAPE	06/24/04 1202	06/24/04 1202

Gastrointestinal/Bowel/Digest	
	06/24/04 1202 JOL
Heartburn:	Y
Nausea/vomiting:	Y
Ulcer:	Y
Other:	NAUSEOUS WITH MIGRAINES
Comments:	ULCERS IN PAST; MIGRAINES CURRENT

Musculoskeletal	
	06/24/04 1202 JOL
Arthritis:	Y
Fracture:	Y
Muscle weakness:	Y
Sciatica:	Y
Comments:	FX COLLAR BONE 1974

Psychiatric	
	06/24/04 1202 JOL
Depression:	Y
Other:	SUICIDAL IDEATIONS
Comments:	BEING TREATED CURRENTLY

Eyes / Ears / Nose / Throat	
	06/24/04 1202 JOL
Contact lenses:	Y
Deviated septum:	Y
Ringings in ears:	Y
Comments:	FIXED SEPT 2003 FOR DEVIATED SEPTUM

Dental History	
	06/24/04 1202 JOL
Caps:	Y

Special Instructions	
	06/24/04 1202 JOL
Special instruct:	DIRECTIONS TO AM ADMIT; INSTRUCTED NOT TO TAKE AM MEDS

Admission History	
Reason for admission: SPINAL CORD STIMULATOR	
Primary physician: LINDERMAN	

Pre-Procedure Hx - Medications	
	06/24/04 1202 JOL
Dose and Frequency / Last Taken	<i>Reflex every 8 hr. 6/25/04</i> Klonopin 0.5mg 1x/NIGHT LD: 06/23/04 1.0mg 6/24 Lexapro 100mg 1x/NIGHT LD: 06/23/04 1.0mg 6/24 ACTIQ 800-1600mg PRN LD: 06/23/04

Operation Procedures	
	06/24/04 1202 JOL
List all surgeries and approx	DEVIATED SEPTUM REPAIR 2003. KNEE SURGERY 1993

Vascular / Heart	
	06/24/04 1202 JOL
Hypotensive:	Y
Swelling of feet/ankles/legs:	Y
Comments:	MAY 2004 - R/P PULSE DIFFICULTIES, UNKNOWN CAUSE

Neurological/Brain/Spinal Cord	
	06/24/04 1202 JOL
Back pain:	Y
Difficulty with balance:	Y
Dizziness:	Y
Fainting:	Y
Frequent headaches:	Y
Memory problems:	Y
Neck pain:	Y
Numbness:	Y
Seizures:	Y
Severe headaches:	Y
Weakness:	Y
Comments:	SLEEP APNEA



Age/Sex: 43 M  
Unit #: 0000671343  
Admitted:  
Status: PRE SIX

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: N.SDS  
Room/Bed:

HAWK, BRIAN

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Eastern Idaho Reg Patient Care \*Lier\*  
Preadmission History

### Admission History

Anesthesia:  
Procedure date: 06/25/04 Admit time: 1100 Procedure time: 1300  
Preadmit Instruct:  
NPO Instruct: NO SOLID FOODS AFTER MIDNIGHT; CLEAR LIQUIDS UNTIL 0900  
===PERSONAL INFORMATION===  
Person providing information/receiving instructions: SELF  
Primary Language: ENGLISH  
Is an interpreter needed? Hospital Spanish interpreter?  
Name/Phone of interpreter:  
===ADVANCE DIRECTIVES===  
Living will: Y Health Care Power of Attorney: Y  
Copy on Chart: N Health Care Power of Attorney (name): MARY ELLEN HAWK  
Copy on Chart: N Interest expressed in obtaining Advance Directives:  
Copies to be brought in by: PATIENT  
Organ Donor (Tissue, Bone, Eyes):  
Alcohol use: YES Alcohol Comment: RARELY  
Drinks socially: Per day: Per week:  
Tobacco use: CURRENT Tobacco Comment:  
How many cigarettes do you smoke a day? 2  
Do you have a cigarette within 1 hour of awakening? Y  
Recreational drug use: DENIES Drug comment:  
Treatments: Chemotherapy: Radiation: Peritoneal Dialysis:  
Dialysis: Other: :  
Immunizations Tetanus: Y Yr: 1998 Flu vaccine: N Yr: Pneumonia vaccine: N Yr:  
Medications taken regularly (Prescription, over-the-counter, home remedies): YES  
Herbal Preparations:  
Have you had any changes in medication in the past 30 days?

### CURRENT / PAST MEDICAL / SURGICAL HISTORY

RESPIRATORY / LUNGS  
: Denies Problems  
BLOOD  
: Denies Problems  
VASCULAR / HEART  
: History Of  
PSYCHIATRIC  
: History Of  
NEUROLOGICAL / BRAIN / SPINAL CORD  
: History Of  
SKIN  
: Denies Problems  
GASTROINTESTINAL / BOWEL / DIGESTIVE  
: History Of  
URINARY / REPRODUCTIVE  
: Denies Problems  
MUSCULOSKELETAL  
: History Of  
EYES / EARS / NOSE / THROAT  
: History Of  
ENDOCRINE  
: History Of  
OPERATION PROCEDURES  
: History Of

### Admission History

ANESTHESIA  
: Denies Problems  
DENTAL HISTORY  
: History Of  
NUTRITION  
Special Diet: REGULAR Stated weight: 170 Height - Feet: 6 Inches: 1.0  
Recent unplanned weight loss greater than or equal to 10%: Comment:  
Nausea/vomiting 72 hours or more: Y  
Difficulty with Chewing: N Eating: Y  
Swallowing: Y Other: D/T MIGRAINES  
ADJUSTMENT TO ILLNESS  
Request for Support or Counseling  
Medical Advocate: Work Issues:  
Psychiatric Crisis: Pastoral Care:  
Support Group: Social Work:  
Coping Strategies: Financial Counseling:  
Family Issues: Other:  
DISCHARGE / DISPOSITION  
Living Arrangement - Patient lives in: HOUSE  
SELF CARE  
No Problems/Issues: N  
PATIENT LIVES WITH  
Alone: Significant other:  
Adult child(ren): Spouse: Y  
Parent(s): Name of person: MARY ELLEN HAWK  
Private aide: Phone number: 221-3281 CELL  
Sibling(s): Other contact info: 233-4059 WORK EXT 29  
Special instructions: Y

Monogram Initials	Name	Nurse Type
-------------------	------	------------

JOL	DNXJOL	LYLL.JOLENE RN
-----	--------	----------------

Age/Sex: 43 M  
Unit #: 0000521343  
Admitted:  
Status: REG SDC

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: D.SOS  
Room/Bed:

HAWK, BRIAN

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Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

Pre-Procedure Assessment

=== ADMISSION ASSESSMENT ===

Date: 06/25/04 Time: 1035  
Mode of Arrival: AMBULATORY  
Temperature: 96.2 Temp Source: Tym  
Pulse: 69 Pulse Source: APT  
Respirations: 14 Resp Source: OBS  
Blood Pressure: 104/70 BP Source: ARM-C  
SaO2% on RA: 93 Weight - Lb: 179 BMI: 23.6  
SaO2% on O2: Height - Feet: 6 Kg: 81.19 IBW (kg): 48.080  
O2 Amt.(L/M): Inches: 1.0 Wt Source: STANDING IBW #: 168.00  
Oxygen Type: Cm: 185.42 Body Frame: MEDIUM Glucose:

Review pt meds: Y

=== NEUROLOGICAL ===

Alert, Oriented x 3; Denies sensory changes (no numbness, tingling or loss of sensation); motion equal and strong bilaterally; Intact facial symmetry; pupils equal and reactive to light.  
Within Defined Parameters? No - Comment Required

=== RESPIRATORY ===

Breath sounds clear; Respirations even and unlabored; No cough; Equal expansion symmetrical; no excessive sputum.  
Within Defined Parameters? Yes - With Comment

=== CARDIOVASCULAR ===

Heart rhythm regular; Peripheral pulses intact; Capillary refill less than or equal to 2 seconds; No peripheral edema.  
Within Defined Parameters? Yes

=== MUSCULOSKELETAL ===

No skeletal deformities noted. Full ROM. No noted or c/o joint swelling, tenderness.  
Within Defined Parameters? Yes

=== GASTROINTESTINAL ===

Abdomen soft, non-tender; Bowel sounds present; stool frequency/consistency/color within patient's typical pattern; No excessive flatulence, decreased appetite; No nausea or vomiting; Oral mucosa pink/moist.  
Within Defined Parameters? Yes - With Comment

=== GENITOURINARY ===

Urine clear and yellow to amber in color; No frequency, burning or urgency.  
Within Defined Parameters? Yes

=== INTEGUMENTARY ===

Skin warm/dry and intact; Color typical for patient; Skin turgor elastic.  
Within Defined Parameters? Yes - With Comment

=== PSYCHOSOCIAL ===

Affect appropriate for situation; Cooperative, responds appropriately; Maintains appropriate eye contact.  
Within Defined Parameters? Yes - With Comment

=== PAIN ===

Pain: Y Pain Scale (0-10): 5 Pain in recent past? Y  
Pain Comment:

Pre-Procedure Assessment

Cont:

=== ULCER ===

Partial Thickness or Greater: N Wounds/Incisions: N Pressure ulcer(s) present on admit: N

=== SAFETY/RISK ===

Isolation: STANDARD  
IV: Y

=== FALL RISK ASSESSMENT ===

Mental Status: 0 Not Altered  
Sensory Preceptual Status: 0 Not Altered  
Physical Mobility Status: 0 Not Altered  
Elimination Status: 0 Not Altered  
Recent History of Falls: 0 None the past 3 months  
Patient's Age: 0 Under 65 years of age  
Total Score: 0  
Fall Risk Screening: 0-2 Low/Normal

=== BRADEN SCALE ===

Sensory Perception: 4  
Moisture: 4  
Activity: 3  
Mobility: 4  
Nutrition: 3  
Friction and Shear: 3  
Total Score: 21

=== INSTRUCTIONS ===

EXPLAINED the following: Intercom, bed controls, TV, visiting policy, using the telephone, calling for assistance in and out.  
REVIEWED the following: Unit routines, pain management rights, patient rights, patient handbook and location of bathroom.  
ENSURE the following: Bed in lowest position and locked, patient responsible for valuables, call bell is within reach, top side rails are up.  
Exceptions to above: N Valuables: WIFE HAS BELONGINGS.

Admit Problem #1:

Admit Problem #2:

Admit Problem #3:

Add Hospital Standards to Care Plan: DSC Age group: MA Enter Admission Note?

Enter Surgical List: Y Pager/Other Contact Number: WIFE, MARY ELLEN 221-3261 (WAIT RM)

Adm. Hx Comment: CEFAZOLIN GM I TYPB SENT TO DR /C PT

Adm. Cmt Cont:

Surgical Checklist

OPERATIVE/INVASIVE CHECKLIST

ID Band on patient and correct: Y  
Patient verbalized procedure: Y  
Site marked with patient assist: NA  
Procedure consent complete: Y  
Anesthesia consent complete: Y  
Notified if patient in isolation: Y  
NPO instruction given: Y  
Clothing removed: Y  
History and Physical on chart: Y  
Radiographic films to OR: Y  
Voided or cathed: Y  
Retention catheter placed: Y  
Blood products ordered: Y  
Type and crossmatch completed: Y  
Preoperative labwork on chart: Y  
Pregnancy report on chart: Y

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Age/Sex: 43 M  
Unit #: 0000521343  
Admitted:  
Status: REG SOC

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: D SDS  
Room/Bed:

HAWK, BRIAN

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Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

Surgical Checklist		Neurological	
Pre-procedure scrub done: *		06/25/04	
Does patient have pacemaker:		1146	
INDICATE AS APPROPRIATE		MSC	
Dentures:	DISPOSITION	mm	
Artificial limbs:		Pupil Size Rt. Eye: 2	
Glasses:		mm	
Contact lenses: Both	WILL REMOVE, LEAVE /C WIF	Pupils: PERRL	
Artificial eyes:		Neuro Comment: PT. HAS FREQUENT SEVERE HEADACHES, BACK PAIN, DIZZINESS,	
Hearing aids:		Neuro Comment Cont: MEMORY PROBLEMS, AND SOME NAUSEA.	
Personal items: WALLET	GIVEN TO WIFE		
CLOTHES		Respiratory	
Other:		06/25/04	
Preoperative Medication Given:	Time:	1146	
IV patent and extension tubing attached: Yes		MSC	
Height - Feet: 6 Weight - Lb: 179 Time: 1035		=== RESPIRATORY ===	
Inches: 1.0 Kg: 81.19 SpO2: 93		Breath Sounds: DIMINISH	
Cm: 185.42 Pulse: 69		Resp Comment: PT. STATES THAT HE HAS CENTRAL SLEEP APNEA. DOES NOT USE	
Blood Pressure: 104/70		Resp. Comment Cont: C-PAP. AVOIDS NARCOTIC PAIN MEDS. TAKES ACTIQ. SMOKER.	
Respirations: 14		Gastrointestinal	
Temperature: 96.2		06/25/04	
ACTIVE TIME OUT		1146	
Conducted By RN: Time:		MSC	
Select the FILE AND PRINT option when complete and use the the profile PRECHECK		=== GASTROINTESTINAL ===	
Pre-Procedure Hx - Medications		Last BM: 06/24/04	
06/25/04		Abd. Comment: PT. STATES HE FREQUENTLY FEELS NAUSEATED. HE	
1146		Abd. Comment Cont: HAD PRESCRIPTION FOR COMPazine, ZOFRAN BUT DOES NOT TAKE.	
MSC		Integumentary	
Dose and Frequency / Last Taken		06/25/04	
KLONOPIN 1.0MG 1X/NIGHT LD: 06/23/04		1146	
LEXAPRO 40MG 1X/NIGHT LD: 06/23/04		MSC	
ACTIQ 800-1600MG PRN LD: 06/23/04		=== INTEGUMENTARY ===	
KEFLEX 500 MG. EVERY 8 HR. LD: 06/25/04 AM		Skin Comment: PT. HAS ALLERGY TO MOST TAPES, ALSO EKG PATCHES.	
		Skin Comment Cont: CHEST SHOWS SLIGHT REDNESS, ITCHINESS FROM HALTER MONITOR.	
		Neuro-Psychiatric	
		06/25/04	
		1122	
		MSC	
		=== PSYCHOSOCIAL ===	
		Neuro-Psych Comment: *1	
		06/25/04	
		1146	
		MSC	
		=== PSYCHOSOCIAL ===	
		Neuro-Psych Comment: *2	
		*Notes	
		1 PT. STATES THAT LEXAPRO HAS HELPED FOR "THE MOST PART" WITH DEPRESSION	
		2 PT. STATES THAT LEXAPRO HAS HELPED FOR "THE MOST PART" WITH DEPRESSION	

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Age/Sex: 43 M  
Unit #: 0000521943  
Admitted:  
Status: REG SOC

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: D.SOS  
Room/Bed:

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
Preadmission Assessment

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Pain Assessment

06/25/04  
1146  
MSC

Pain Level Goal: 3  
Pain treatments which work: PT. STATES THAT HEADACHE INCREASES AS DAY PROGRESSES.  
Treatment cont: ACTIQ HAS HELPED.

Abuse Screening

--- ABUSE SCREENING ---

---Staff will OBSERVE the following---

Are any injuries visible? N If yes, you must answer the following three questions  
Do injuries correspond with the explanation offered?

Are injuries in various stages of healing?  
Are injuries defensive in nature such as the back of arms and hands?

Is person accompanying patient reluctant to leave and answers all questions  
directed to patient? N

Is there denial or minimizing of injuries by patient or person accompanying  
patient? N

Does patient appear embarrassed, evasive, anxious or depressed? N

Does patient express fear of returning home and safety of self or any  
children? N

Monogram Initials Name Nurse Type

MSC DNUMSC CORBETT, MARILYN S RN

Age/Sex: 43 M Attending: Linderman, Catherine, M.D.  
Unit #: D000521343 Account #: D00310735165  
Admitted: 06/25/04 at 1950 Location: D.0G  
Status: DIS IHO Room/Bed: D.102-A

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

HAWK, BRIAN

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity Occurred Recorded										Activity Occurred Recorded									
Type Date Time by Date Time by Comment Units										Type Date Time by Date Time by Comment Units									
From Change										From Change									
Activity Date: 06/25/04 Time: 2000 (continued)										Activity Date: 06/25/04 Time: 2045									
4750208 Discharge: Assess/Instruct + (continued) JCAHO Core Measure: None Exercise or Special Limits: DO NOT DRIVE HAZARDOUS MACHINERY. LIMIT ACTIVITIES FOR 5-7 DAYS Dressing, Treatment, Special Equipment: NO SHOWER FOR 4 DAYS THAT SHOWER ONLY FOR 4 DAYS. SMALL AMOUNT OF BLOOD IS TO BE EXPECTED. CALL FOR EXCESSIVE BLEEDING Call Doctor's Office If: TEMP OF 101.0, INTOLERABLE PAIN, EXCESSIVE BLEEDING Follow-Up Appointment POST OP APPOINTMENT ALREADY SCHEDULED Update/Review Discharge Needs: N Sent Home with all Bedside Belongings: Y Print medications for discharge: Y Food/Drug interactions reviewed: Y Printed discharge instructions given to patient/caregiver: Y Special/Other Instructions Assessment Completed/Reviewed By RN: Y Time 2258 Discharge To Home: Home or Self Care/Routine 4811040 Fall: Instruct prevention/protection + A .ON ADMISSION AND PRN, CP *Pt verbalizes knowledge of fall prevention/instruction. - Document 06/25/04 2000 SSM 06/25/04 2248 SSM Patient Notes: Nurses' Notes - Create 06/25/04 2000 SSM 06/25/04 2308 SSM  PT MEDICATED C MORPHINE 10MG IM. IV HEPLOCKED. PT DENIES FURTHER NEEDS AT THIS TIME. Note Type Description No Type None										4129500 IV: Insertion/Monitor + A PRN CP - Document 06/25/04 2045 SSM 06/25/04 2329 SSM IV Site: RT HAND IV Pump: N IV Insert Comment: IV HEPLOCK DISCONTINUED C INTACT CANNULA  Activity Date: 06/25/04 Time: 2229 0104-A Admission: Pre-Admit History + A ONCE AS - Ed Status 06/25/04 2229 SSM 06/25/04 2230 SSM A => C 0115 Admission: Pre-Admit Assessment + A ONCE AS - Ed Status 06/25/04 2229 SSM 06/25/04 2230 SSM A => C  Activity Date: 06/25/04 Time: 2316 Diagnosis: FALL RISK - LOW D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Goal: Patient will be free from falls. D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Diagnosis: EIMC STANDARDS OF CARE - DAY SURGERY D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Goal: AM-Has reduced risk of complications as evidenced by early detection of symptoms and appropriate interventions. D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Goal: DC- Discharge to appropriate level of care with physician follow up and referral as appropriate. D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Diagnosis: AGE APPROPRIATE GUIDELINES: 41-65 YEARS D Based on Erikson's eight stages of development. Issue: Generativity vs. Stagnation - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Goal: Patient will demonstrate age appropriate behaviors and skills. D Issue: Generativity vs. Stagnation - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Diagnosis: PAIN MANAGEMENT D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D Goal: Patient will report a level of pain no more than 3 out of 10. D - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D 2000 SDS Post Procedure Assessment + A ONCE - POST PROCEDURE CP - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D 2002 SDS Adult Aldrete + A PRN CP - Ed Status 06/25/04 2316 his 06/25/04 2316 his A => D 1549026 Pain Assessment/Management + A Q4H CP *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication									
Activity Date: 06/25/04 Time: 2015										Activity Date: 06/25/04 Time: 2030									
Patient Notes: Nurses' Notes - Create 06/25/04 2015 SSM 06/25/04 2308 SSM  DR LINDERMAN HERE TO SEE PT. Note Type Description No Type None										Patient Notes: Nurses' Notes - Create 06/25/04 2030 SSM 06/25/04 2309 SSM  DISCHARGE ORDERS RECEIVED. PT VOICES UNDERSTANDING OF DISCHARGE INSTRUCTIONS. RX GIVEN TO SIGNIFICANT OTHER IN DAY SURGERY. PT RATES PAIN AT 6/10. PT DENIES FURTHER NEEDS. Note Type Description No Type None									

Age/Sex: 43 M  
Unit #: 0000521343  
Admitted: 06/25/04 at 1950  
Status: 015 INO

Attending: Linderman, Catherine, M.D.  
Account #: 000310735165  
Location: D.0G  
Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description										Diagnosis/Goal/Intervention Description									
Activity Type	Occurred Date	Recorded Time	By	Sts	Directions	From	Activity Type	Occurred Date	Recorded Time	By	Sts	Directions	From						
Type	Date	Time	by	Comment	Documented	Change	Type	Date	Time	by	Comment	Documented	Change						
Activity Date: 06/25/04 Time: 1145 (continued)							Activity Date: 06/25/04 Time: 1146 (continued)												
<p>0115 Admission: Pre-Admit Assessment + (continued) Partial Thickness or Greater: N Wounds/Incisions: N Pressure ulcer(s) present on admit: N --- SAFETY/RISK --- Isolation: STANDARD IV: Y ---FALL RISK ASSESSMENT--- Mental Status: 0 Not Altered Sensory Preceptual Status: 0 Not Altered Physical Mobility Status: 0 Not Altered Elimination Status: 0 Not Altered Recent History of Falls: 0 None the past 3 months Patient's Age: 0 Under 65 years of age Total Score: 0 Fall Risk Screening: 0-2 Low/Normal --- BRADEN SCALE --- Sensory Perception: 4 Moisture: 4 Activity: 3 Mobility: 4 Nutrition: 3 Friction and Shear: 3 Total Score: 21 --- INSTRUCTIONS --- EXPLAINED the following: Intercom, bed controls, TV, visiting policy, using the telephone, calling for assistance in and out of room. REVIEWED the following: Unit routines, pain management rights, patient rights, patient handbook and location of bathroom. ENSURE the following: Bed in lowest position and locked, patient responsible for valuables, call bell is within reach, top side rails are up. Exceptions to above: N Valuables: WIFE HAS BELONGINGS. Add Hospital Standards to Care Plan: DSC Age group: MA Enter Surgical List: Y Pager/Other Contact Number: WIFE, MARY ELLEN 221-3281 (WAIT RM) Adm. Hx Comment: CEFZOLIN QM 1 IVPB SENT TO OR /C PT. mm Pupil Size Rt. Eye: 2 mm Pupils: PERRL Neuro Comment: PT. HAS FREQUENT SEVERE HEADACHES, BACK PAIN, DIZZINESS. Neuro Comment Cont: MEMORY PROBLEMS, AND SOME NAUSEA. Breath Sounds: DIMINISH Resp Comment: PT. STATES THAT HE HAS CENTRAL SLEEP APNEA. DOES NOT USE Resp. Comment Cont: C-PAP. AVOIDS NARCOTIC PAIN MEDS. TAKES ACTIQ. SMOKER. Last BM: 06/24/04</p>							<p>0115 Admission: Pre-Admit Assessment + (continued) Abd. Comment: PT. STATES HE FREQUENTLY FEELS NAUSEATED. HE Abd. Comment Cont: HAD PRESCRIPTION FOR COMPAZINE, ZOFRAM BUT DOES NOT TAKE. Skin Comment: PT. HAS ALLERGY TO MOST TAPES, ALSO EKG PATCHES. Skin Comment Cont: CHEST SHOWS SLIGHT REDNESS, ITCHINESS FROM HALTER MONITOR. Neuro-Psych Comment: PT. STATES THAT LEXAPRO HAS HELPED FOR "THE MOST PART" WITH DEPRESSION Pain Level Goal: 3 Pain treatments which work: PT. STATES THAT HEADACHE INCREASES AS DAY PROGRESSES. Treatment cont: ACTIQ HAS HELPED. : KLOXIPIN 1.0MG 1X/NIGHT LD: 06/23/04 : LEXAPRO 40MG 1X/NIGHT LD: 06/23/04 : ACTIQ 800-1600MG PRN LD: 06/23/04 : KEFLEX 500 MG. EVERY 8 HR. LD: 06/25/04 AM OPERATIVE/INVASIVE CHECKLIST ID Band on patient and correct: Y Patient verbalized procedure: Y Site marked with patient assist: NA Procedure consent complete: Y Anesthesia consent complete: Y NPO instruction given: Y Clothing removed: Y History and Physical on chart: Y Voided or cathed: Y Preoperative labwork on chart: Y INDICATE AS APPROPRIATE DISPOSITION Contact lenses: Both : WILL REMOVE. LEAVE /C WIF Personal items: WALLET CLOTHES : GIVEN TO WIFE IV patent and extension tubing attached: Yes ACTIVE TIME OUT Select the FILE AND PRINT option when complete and use the the profile PRECHECK Staff will OBSERVE the following Are any injuries visible? N If yes, you must answer the following three questions Is person accompanying patient reluctant to leave and answers all questions directed to patient? N Is there denial or minimizing of injuries by patient or person accompanying patient? N Does patient appear embarrassed, evasive, anxious or depressed? N Does patient express fear of returning home and safety of self or any children? N</p>												
Activity Date: 06/25/04 Time: 1945							Activity Date: 06/25/04 Time: 1945												
2000 SDS Post Procedure Assessment + A .ONCE - POST PROCEDURE CP - Document 06/25/04 1945 SSM 06/25/04 2240 SSM Post Procedure Assessment done at: 1945																			

Diagnosis/Goal/Intervention Description										Sts			Directions			From		
Activity	Occurred	Recorded				Documented												
Type	Date	Time	by	Date	Time	by	Comment	Units	Change									
Activity Date: 06/25/04 Time: 1122 (continued)																		
0115 Admission: Pre-Admit Assessment + (continued) : KLGNOPIIN 1.0MG 1X/NIGHT LD: 06/23/04 : LEXAPRO 40MG 1X/NIGHT LD: 06/23/04 : ACTIQ 800-1600MG PRN LD: 06/23/04 : KEFLEX 500 MG. EVERY 8 HR. LD: 06/25/04 AM OPERATIVE/INVASIVE CHECKLIST ID Band on patient and correct: Y Patient verbalized procedure: Y Site marked with patient assist: NA Procedure consent complete: Y Anesthesia consent complete: Y NPO instruction given: Y Clothing removed: Y History and Physical on chart: Y Voided or cathed: Y Preoperative labwork on chart: Y INDICATE AS APPROPRIATE DISPOSITION Contact lenses: Both : WILL REMOVE, LEAVE /C WIF Personal items: WALLET CLOTHES : GIVEN TO WIFE IV patent and extension tubing attached: Yes ACTIVE TIME OUT Select the FILE AND PRINT option when complete and use the the profile PRECHECK Staff will OBSERVE the following Are any injuries visible? N If yes, you must answer the following three questions Is person accompanying patient reluctant to leave and answers all questions directed to patient? N Is there denial or minimizing of injuries by patient or person accompanying patient? N Does patient appear embarrassed, evasive, anxious or depressed? N Does patient express fear of returning home and safety of self or any children? N																		
Activity Date: 06/25/04 Time: 1142																		
Diagnosis: FALL RISK - LOW - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Goal: Patient will be free from falls. A - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Diagnosis: EIRMC STANDARDS OF CARE - DAY SURGERY A - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Goal: AM-Has reduced risk of complications as A evidenced by early detection of symptoms and appropriate interventions. Create 06/25/04 1142 MSC 06/25/04 1142 MSC																		
Activity Date: 06/25/04 Time: 1142																		
Goal: DC- Discharge to appropriate level of A care with physician follow up and referral as appropriate. - Create 06/25/04 1142 MSC 06/25/04 1142 MSC Diagnosis: AGE APPROPRIATE GUIDELINES: 41-65 YEARS A Based on Erikson's eight stages of development. Issue: Generativity vs. Stagnation - Create 06/25/04 1142 MSC 06/25/04 1142 MSC Goal: Patient will demonstrate age appropriate A behaviors and skills. Issue: Generativity vs. Stagnation - Create 06/25/04 1142 MSC 06/25/04 1142 MSC Diagnosis: PAIN MANAGEMENT A - Create 06/25/04 1142 MSC 06/25/04 1142 MSC Goal: Patient will report a level of pain no A more than 3 out of 10. - Create 06/25/04 1142 MSC 06/25/04 1142 MSC 2000 SDS Post Procedure Assessment + A ONCE - POST PROCEDURE CP - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A PRN CP 2002 SDS Adult Aldrete + - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Q4H CP 1549026 Pain Assessment/Management + *Monitor level of pain - provide medica- tion as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures. - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Q4H CP 1549026 Pain Assessment/Management + *Monitor level of pain - provide medica- tion as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 3 or less. - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A Q4H CP 1701000 VS: Monitor + - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A SEE PROTOCOL CP 2300030 Age Appropriate: Mid Adult 41 to 65 Yrs A - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A PRN CP 2516600 Notify: Physician + - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A PRN CP 4129500 IV: Insertion/Monitor + - Create 06/25/04 1142 MSC 06/25/04 1142 MSC A 30-60 MIN AFTER MED ADMIN & CP 4136800 Meds: Effectiveness/Side Effects.Monitor A *Reassess medication effectiveness for pain medications 30 to 60 minutes after administration.																		

Age/Sex: 43 M  
Unit #: D000521343  
Admitted: 06/25/04 at 1950  
Status: DIS IHO

Attending: Linderman, Catherine, M.D.  
Account #: D00310735165  
Location: D.OG  
Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
FINAL INTERDISCIPLINARY DISCHARGE RECORD

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Diagnosis/Goal/Intervention Description											Diagnosis/Goal/Intervention Description																				
Activity			Occurred			Recorded			Sts		Directions		From	Activity			Occurred			Recorded			Sts		Directions		From				
Type	Date	Time	by	Date	Time	by	Comment	Units	Change		Type	Date	Time	by	Date	Time	by	Comment	Units	Change		Type	Date	Time	by	Date	Time	by	Comment	Units	Change

Activity Date: 06/24/04 Time: 1202 (continued)

0104-A Admission: Pre-Admit History + (continued)  
Phone number: 221-3281 CELL  
Other contact info: 233-4059 WORK EXT 29  
Special instructions: Y  
Pre op Teaching: N  
Name of Medication  
Dose and Frequency / Last Taken  
: KLOPIN 5MG 1X/NIGHT LD: 06/23/04  
: LEXAPRIL 40MG 1X/NIGHT LD: 06/23/04  
: ACTIQ 800-1600MG PRN LD: 06/23/04  
Hypotensive: Y  
Swelling of feet/ankles/legs: Y  
Comments: MAY 2004 - B/P PULSE DIFFICULTIES. UNKNOWN CAUSE  
Back pain: Y  
Difficulty with balance: Y  
Dizziness: Y  
Fainting: Y  
Frequent headaches: Y  
Memory problems: Y  
Neck pain: Y  
Numbness: Y  
Seizures: Y  
Severe headaches: Y  
Weakness: Y  
Comments: SLEEP APNEA  
Heartburn: Y  
Nausea/vomiting: Y  
Ulcer: Y  
Other: NAUSEOUS WITH MIGRAINES  
Comments: ULCERS IN PAST; MIGRAINES CURRENT  
Arthritis: Y  
Fracture: Y  
Muscle weakness: Y  
Sciatica: Y  
Comments: FX COLLAR BONE 1974  
Depression: Y  
Other: SUICIDAL IDEATIONS  
Comments: BEING TREATED CURRENTLY  
Females  
Contact lenses: Y  
Deviated septum: Y  
Ringing in ears: Y  
List all surgeries and approximate dates: DEVIATED SEPTUM REPAIR 2003.  
: KNEE SURGERY 1993  
Caps: Y  
Special instruct: DIRECTIONS TO AM ADMIT; INSTRCTED NOT TO TAKE AM MEDS

Activity Date: 06/25/04 Time: 1122

MRI Allergies: 06/25 1122 MSC 06/25 1122 MSC  
Starting Values Last Verified: 06/24/04 1202  
MEDICATION: Last Updated: 06/24 1202 JOL  
NKDA - No Known Drug Allergies  
FOOD: Last Updated: 06/24 1202 JOL  
NKFA - No Known Food Allergies  
CONTRAST MEDIA: Last Updated: 06/24 1202 JOL  
NKCA - No Known Contrast Allergies  
OTHER: Last Updated: 06/24 1202 JOL  
.EKG PADS -  
RASH  
TAPE - TAPE  
ALL BUT CLOTH TAPE  
Edited and Verified  
OTHER: Last Updated: 06/25 1122 MSC  
ADD: .EKG PADS -  
RASH  
EDIT: TAPE - TAPE  
ALL BUT CLOTH TAPE ( CAN USE PAPER OR SILK)  
0115 Admission: Pre-Admit Assessment + A ONCE AS  
- Create 06/25/04 1122 MSC 06/25/04 1141 MSC  
0115 Admission: Pre-Admit Assessment + A ONCE AS  
- Document 06/25/04 1122 MSC 06/25/04 1141 MSC  
--- ADMISSION ASSESSMENT ---  
Date: 06/25/04  
Time: 1035  
Mode of Arrival: AMBULATORY  
Temperature: 96.2  
Temp Source: TYM  
Pulse: 69  
Pulse Source: API  
Respirations: 14  
Resp Source: OBS  
Blood Pressure: 104/70  
BP Source: ARM-L  
SaO2% on RA: 93  
Height - Feet: 6  
Inches: 1.0  
Cm: 185.42  
Weight - Lb: 179  
Kg: 81.19  
Wt Source: STANDING  
Body Frame: MEDIUM  
BMI: 23.6  
IBW (kg): 48.080  
IBW %: 168.00  
Review pt meds: Y  
--- NEUROLOGICAL ---  
Alert, Oriented x 3; Denies sensory changes (no numbness,  
tingling or loss of sensation);



06/25/04  
2310

MEDICATION ADMINISTRATION RECORD  
Eastern Idaho RMC

PAGE 1

DIAGNOSIS: SPINAL CORD STIMULATOR  
WT: 178lb 15.9oz (81.190kg) HT: 6ft1.0in (185.4cm) BSA: 2.05m2  
AGE: 43 SEX: M Serum Cr: 0.9 Est. CREATININE CL: 119.60 ML/MIN  
ADMIT: 06/25/04  
NOTES:

UNIT #: D000521343 D.OG  
ACCT #: D00310735165 D.102-A

HAWK, BRIAN

ALLERGIES: NO KNOWN DRUG ALLERGIES

ADMINISTRATION PERIOD: 0000 06/25/04 TO 2359 06/25/04 START/STOP 0000 - 0759 | 0800 - 1559 | 1600 - 2359

CEFAZOLIN 1GM/50 ML D5W	50 ML	06/25/04 0500		
150 MLS/HR INTRAVEN. ONCE		06/25/04		
DURATION: ADMINISTER OVER 20 MIN				
RX #: 03038071				
**** DISCONTINUED 06/25/04-0501				

MORPHINE SULFATE (MORPHINE SULFATE)		06/25/04		2012 SSM 10 MG Q1:1 Q2:6
INTRAVEN. .STK-MED				
RX #: 03039755				
Q1:Sedation Scale:				
Q2:Pain Scale (0-10):				
*** FLOOR STOCK ITEM ***				
**** DISCONTINUED 06/25/04-2009				

\*\*\*\*\* CONTINUE ON PAGE 2 \*\*\*\*\*

\* = Meds not given  
REASON CODES

INJECTION SITES

USER NAME AND TYPE	INIT	USER NAME AND TYPE	INIT
SMITH,SUSAN M RN	SSM		

RUN DATE: 06/25/04  
RUN TIME: 2310  
RUN USER: DNUSSM

Eastern Idaho Reg Patient Care \*Live\*  
PATIENT ASSESSMENT

PAGE 1

Discharge Instructions

Patient: HAWK, BRIAN  
Account #: D00310735165  
Admit Date: 06/25/04  
Status: ADM INO  
Attending: Linderman, Catherine M.D.

Age/Sex: 43 M  
Unit #: D000521343  
Location: D.0G  
Room/Bed: D.102-A

Date of Discharge: 06/25/04 Time of Discharge: 2040

Mode of Discharge: AMBULATORY

Last Assessment Completed

Primary Admit Dx/Reason: SPINAL CORD STIMULATOR

Primary Discharge Dx/Reason:

Pressure ulcer(s) present on admit: N

Pressure ulcer(s) present on discharge: N

Discharge Category: Discharge To Home or HHS  
(Press Shift & F8 For Help)

Name of Hospital/Agency/DME Provider: HOME - SELF CARE

Phone Number:

Discharge Disposition: HOM

Accompanied at D/C by: SIGNIFICANT OTHER

Pain Scale (0-10): 6

Pain goal met: Y

Pain comment: PT ST MORPHINE EFFECTIVE FOR PAIN

Fall Risk Screening: 0-2 Low/Normal

Fall comments:

Diet: REGULAR

JCAHO Core Measure: None

Exercise or Special Limits:

. DO NOT DRIVE HAZARDOUS MACHINERY, LIMIT ACTIVITIES FOR 5-7 DAYS

Dressing, Treatment, Special Equipment:

. NO SHOWER FOR 4 DAYS THAT SHOWER ONLY FOR 4 DAYS. SMALL AMOUNT OF BLOOD  
IS TO BE EXPECTED. CALL FOR EXCESSIVE BLEEDING

Date to return to work/school:

Call Doctor's Office If:

. TEMP OF 101.0, INTOLERABLE PAIN, EXCESSIVE BLEEDING

Follow-Up Appointment

. POST OP APPOINTMENT ALREADY SCHEDULED

Update/Review Discharge Needs: N

Sent Home with all Bedside Belongings: Y

Print medications for discharge: Y

Food/Drug interactions reviewed: Y

Printed discharge instructions given to patient/caregiver: Y

Special/Other Instructions

Assessment Completed/Reviewed By RN: Y Time 2258

Discharge To Home: Home or Self Care/Routine

Discharge/Transferred:

Discharged/Transferred to SNF:

Other Discharges:

Occurred Date: 06/25/04

Monogram: SSM Initials: DNUSSM

Name: SMITH, SUSAN M

Occurred Time: 2000

Nurse Type: RN

Age/Sex: 43 M Attending: Linderman, Catherine, M.D.  
 Unit #: 0000521343 Account #: 000310735165  
 Admitted: 06/25/04 at 1950 Location: D.02  
 Status: DIS INO Room/Bed: D.102-A

HAWK, BRIAN

Eastern Idaho Reg Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated:  
 Completed:  
 Protocol:

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 at 2100

STS	INIT BY	TRGT	COMP BY	INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS
FALL RISK - LOW - PROTOCOL: FALL	D	06/25 MSC							
* Patient will be free from falls.	D	06/25 MSC		* Fall: Instruct prevention/protection + *Pt verbalizes knowledge of fall prevention/instruction. - PROTOCOL: FALL	06/25 MSC		06/25 1142	ON ADMISSION AND PRN.	D
FIRM STANDARDS OF CARE - DAY SURGERY	D	06/25 MSC							
* AM-Has reduced risk of complications as evidenced by early detection of symptoms and appropriate interventions.	D	06/25 MSC		* SDS Post Procedure Assessment + * SDS Adult Aldrete + * VS: Monitor + - PROTOCOL: VS * IV: Insertion/Monitor + * Pain Assessment/Management + *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures. * Meds: Effectiveness/Side Effects. Monitor *Reassess medication effectiveness for pain medications 30 to 60 minutes after administration. * Notify: Physician +	06/25 MSC 06/25 MSC 06/25 MSC 06/25 MSC 06/25 MSC 06/25 MSC 06/25 MSC		06/25 1142 06/25 1142 06/25 1142 06/25 1142 06/25 1142 06/25 1142 06/25 1142	ONCE - POST PROCEDURE PRN Q4H PRN Q4H PRN Q4H 30-60 MIN AFTER MED ADMIN & PRN PRN	D D D D D D D
* DC- Discharge to appropriate level of care with physician follow up and referral as appropriate.	D	06/25 MSC		* Discharge: Assess/Instruct + *Discharge instructions will be completed on Nursing Discharge Assessment/Planning form	06/25 MSC 06/25 MSC		06/25 1142 06/25 1142	PRN ON DISCHARGE	D D
AGE APPROPRIATE GUIDELINES: 41-65 YEARS Based on Erikson's eight stages of development. Issue: Generativity vs. Stagnation - PROTOCOL: Y AGE41-65	D	06/25 MSC							
* Patient will demonstrate age appropriate behaviors and skills. Issue: Generativity vs. Stagnation	D	06/25 MSC		* Age Appropriate: Mid Adult 41 to 65 Yrs - PROTOCOL: Y AGE41-65	06/25 MSC		06/25 1142	SEE PROTOCOL	D
PAIN MANAGEMENT	D	06/25 MSC							
* Patient will report a level of pain no more than 3 out of 10.	D	06/25 MSC		* Pain Assessment/Management + *Monitor level of pain - provide medication as needed to ensure proper pain relief. Utilize other non-medication therapy when appropriate. Assess effectiveness of pain relief measures as pt. reports level of pain at 3 or less	06/25 MSC		06/25 1142	Q4H	D

ADDITIONAL INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS SRC
* Admission: Pre-Admit History +	06/24 JOL	06/25 SSM	06/24 1202	ONCE	C AS
* Admission: Pre-Admit Assessment +	06/25 MSC	06/25 SSM	06/25 1122	ONCE	C AS

Monogram	Initials	Name	Nurse Type
JOL	DNJOL	LYLE, JOLENE	RN
MSC	DNMSC	CORBETT, MARILYN S	RN
SSM	DNSSM	SMITH, SUSAN M	RN

### Post-Procedure Flow Sheet

Date 6-25-04

Part of Medical Record - Do Not Discard

[illegible]

TCDB = Turn Cough &

## Deep Breathe

Sedation Scale (SS)

- |   |                          |
|---|--------------------------|
| 5 | Sleeping, easily aroused |
| 1 | Awake and alert          |
| 2 | Occasionally drowsy      |
| 3 | Frequently drowsy        |
| 4 | Somnolent                |

HAWK, BRIAN

0000521343

09/24/60 M/43

009310/3516

06/25/04

SDC

Attending: Catherine Linderman, M



# POST-PROCEDURE REPORT

NOTES	
DATE	TIME
SURGEON	
ASSISTANTS	
PROCEDURE	<div> <div> Model# 3156  Lot# 28043  SN N/A </div> </div>
	<div> <div> Model# 3156  Lot# 25963  SN N/A </div> </div>
PRE OPERATIVE DIAGNOSIS	
POST OPERATIVE DIAGNOSIS / FINDINGS	<div> <div> Model# 3343  Lot# 19140  SN N/A </div> </div>
	<div> <div> Model# 3609  Lot# 27626A  SN 011889 </div> </div>
PACKING / DRAINS / CATHETERS	
	<div> <div> Model# 3850  Lot# 27821  SN P19227 </div> </div>
SPECIMENS REMOVED	
ESTIMATED BLOOD LOSS (> 100 mls)	
OTHER	
SIGNATURE	

POST PROCEDURE

HAWK, BRIAN  
0000521343 09/24/60 M/43  
000310736165 06/25/64 SDC  
Attending: Catherine Lindeman, MD

USE BALL  
POINT PEN

PRESS  
FIRMLY

T 4 0 1 2

Authorization is heret, given to dispense the generic equivalent unless otherwise indicated by the physician.

Weight	Height	Diagnosis
Allergies & Sensitivities <input type="checkbox"/> NKA		

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).

Physician Signature: \_\_\_\_\_

CHART

HARK, BRIAN  
D000521343 09/24/60 M/43 SDC  
D00310735165 06/25/04  
Attending: Catherine Linderman, M

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #1
6/25/04		<ol style="list-style-type: none"> <li>1) reg diet</li> <li>2) hiplock; DC IV &amp; discharging</li> <li>3) post op appd scheduled</li> <li>4) Rx given.</li> <li>5) oxycodone 5mg t-tt po Q 2-30 min</li> <li>6) DO when ready</li> <li>7) please give 10mg morphine IM prior to D/C</li> </ol> <p><i>Lucl</i></p> <p><i>noted</i></p>
Physician's Signature		Date & Time
Nurse's Signature		Date & Time
		DO NOT WRITE ORDER UNLESS NUMBER APPEARS

Date Ordered	Time Ordered	PHYSICIAN'S ORDER AND SIGNATURE #2
Physician's Signature		Date & Time
Nurse's Signature		Date & Time
		DO NOT WRITE ORDER UNLESS NUMBER APPEARS

CHART

HARK, BRIAN  
D000521343 09/24/60 M/43 SDC  
D00310735165 06/25/04  
Attending: Catherine Linderman, M

Physician's Orders

T4012 Rev. 12/02

583

**EASTERN IDAHO REGIONAL MEDICAL CENTER**  
**ANESTHESIA LABORATORY AND DIAGNOSTIC PRE-OP TESTING**

CBC: within 2 weeks:

- History Anemia, Heavy Menses, Dialysis Patient
- Chemotherapy
- Major Procedure: Orthopedic, Vascular, Abdominal, Cardiothoracic or Neuro
- Autologous blood donation
- Any procedure requiring Type and Screen

CHEM 8 / BASIC METABOLIC TEST:

within 2 weeks:

- Patients  $\geq 65$  having major surgery
- Diabetic
- History of CHF

within 48 hours:

- Dialysis patients

CHEST X-RAY: within 3 months:

- Severe COPD/Asthma
- Cardiothoracic procedure

ELECTROCARDIOGRAM:

within 6 months:

- Age  $\geq 45$
- Diabetic, or morbidly obese  $\geq 35$
- All patients having gastric bypass

within 3 months:

- Cardiac disease

GLUCOSE: day of surgery:

- IDDM/NIDDM  
(autolet is acceptable) Call Anesthesia if  $<80$  or  $>225$

K<sup>+</sup>: within 2 weeks:

- Patients on diuretics, antiarrhythmics, K<sup>+</sup> Supplements

MAGNESIUM: within 2 weeks:

- Previous gastric bypass, gastrectomy, or gastric stapling

HCG: within 1 week:

- FEMALES if possibility of pregnancy

PROTHROMBIN: day of surgery:

- Previous PT  $>15$  or Coumadin within 1 week of surgery

TYPE AND SCREEN:

- On any patient with anticipated blood loss. (Example: C-Section, Hip and Knee procedures, Vascular procedures, Major abdomen procedure, Open Cholecystectomy, Hysterectomy, Liver, Spleen or Pancreas procedure.)

TYPE AND CROSS:

- If patient has autologous blood

Signature

, M.D.

Date

603296 - March 2002

Page 1 of 2

HAWK, BRIAN  
0000521343 09/24/60 M/43  
00030735165 06/25/84 SDC  
Attending: Catherine Linderman, M

**CREEKSIDE PAIN CLINIC**  
**CATHERINE L. LINDERMAN, M.D.**  
2375 East Sunnyside, Suite A  
P.O. Box 1509  
Idaho Falls, ID 83404  
Phone (208) 524-0610 Fax (208) 557-0171

**ADMIT ORDERS**

**NAME:** Brian HAWK

**DATE:** 06/25/04

**PROCEDURE:** Spinal Cord Stimulator implantation with use of the generator.

**1. DATE OF ADMIT:** June 25, 2004

**2. DATE OF DISCHARGE:** June 25 or June 26, 2004. This is an outpatient procedure. Plan for discharge after the surgery.

**3. ADMIT TO:** Eastern Idaho Regional Medical Center for outpatient of SCS

**4. DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;728.8-CERVICAL SYNDROME NEC;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**5. CONDITION:** Stable

**6. ALLERGIES:** Tape

**7. VITALS:** Vitals upon admission.

**8. ACTIVITIES:** Out of bed ad lib.

**9. NURSING:** Vitals upon admission

**10. DIET:** NPO patient may take his medications with a sip of water.

**11. IV:** Heparin as per anesthesia protocol.

**12. MEDICATIONS:**

Ancef 1 gram 1/2 hour prior to surgery  
Keflex 500 mg 1 po tid for ten days post-operatively. Prescription provided.  
Post-op pain medications as per anesthesia protocol in PACU.

**13. LABS:** STAT labs: (will need to be drawn prior to surgery) CBC, lytes, BUN/creatinine, PT, PTT, PLT. Also, STAT EKG and CXR prior to surgery. These results will need to be available for review prior to surgery.

**14. SPECIAL:**

- Fluoroscopy for use in the OR
- Ancef one gram IV 1/2 hour prior to going to the OR.
- ANS will provide the spinal cord stimulator
- Patient to not bathe or shower for four days after placement. Then shower only after four days.
- Please call with any questions: office 524-0610, home 529-4314, cell 589-4314. Please call the answering service which is 228-2093 if you are unable to reach me at these numbers listed above.
- Small abdominal binder on call to OR for application in surgery.

HAWK, BRIAN  
0000521343 06/24/04 M/43  
000010735165 06/25/04 SCC  
Attending: Catherine Linderman, M



Jun 24 04 11:55a

552' 177

P. 3

Patient: HAWK, Brian DOS: 06/25/04

*Catherine L. Linderman, M.D.*

Catherine L. Linderman, M.D.

Page 2

HAWK, BRIAN  
0000521343 06/24/06 M:43  
000310735165 06/25/04 SDC  
Attending: Catherine Linderman, M

586

FIRMCH 34

## **CREEKSID PAIN CLINIC**

**CATHERINE L. LINDERMAN, M.D.**

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

### **PLACEMENT OF PERIPHERAL NEURO STIMULATOR LEADS AND RECEIVER WITH USE OF FLUOROSCOPY**

**PATIENT:** HAWK, Brian

**RECORD #:** 10762.00

**AGE:** 44 year(s) old

**DATE OF PROCEDURE:** 06/25/04

**PROCEDURE:** Percutaneous Peripheral Neurostimulator Lead Placement With Fluoroscopic Guidance and Placement of an Implanted Receiver for Permanent Peripheral Nerve Stimulator Placement

**PREOPERATIVE DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE; 723.8-Occipital Neuralgia; 721.0-Cervical Arthritis; 728.85-SPASM OF MUSCLE

**POSTOPERATIVE DIAGNOSIS:** Same

**INDICATIONS FOR PROCEDURE:** Because Brian fits the patient selection criteria and has not had any long-term response to other measures, I recommended a screening test with neurostimulation which was performed on 6/23/04. Brian verbalized that he obtained 90-100% pain relief from his severe neck and head pain. Brian has made the decision to proceed with the permanent implantation of the Peripheral Nerve Stimulation System, as the patient's positive response to the screening test was indicated by a significant decrease in pain and an improvement in function.

**COMMENTS:** An evaluation was performed. The procedure was explained to the patient in that the patient understands that they need to be made aware during the procedure in order to be able to indicate whether or not we are stimulating their area of pain. They also know that there will be some pulling and pain with the tunneling procedure. However, I have explained to them that I will be placing local anesthetic in the area of the procedures and that we will do what we can to keep him comfortable. Initially a skeletal model was used to give a detailed procedure explanation. A videotape was also shown demonstrating the procedure. Potential complications including bleeding, bruising, headache, infection, cardiac arrest, nerve and spinal cord damage with temporary and/or permanent paralysis, and other serious or life-threatening complications. No guarantee of benefits was given. The patient agreed to have the procedure and signed the consent.

**ANESTHESIA:** Brian was admitted to the hospital to day surgery. Prior to going to the OR, I went to see him in the day surgery area. He and his wife both reported that an anesthesiologist by the name of Dr. Murphy had come in to see him and had told him that he would have severe pain today with the placement of the peripheral leads and the receiver and that he would receive only 2 mg of Versed and 2 ml of fentanyl for sedation. Brian was very upset over this visit. He actually said that if that was the case, he was going to sue the hospital for pain and suffering imposed by the anesthesia group. Brian was very frustrated by the visit by this M.D. and wants to know his name and his position at the hospital. I was unable to tell him anything other than he is an anesthesiologist with the group at Intermountain Anesthesia who provides anesthesia coverage at EIRMC.

Brian was then called for to go downstairs to the pre-operative area and he decided that he would go ahead with the procedure. He was then seen by the anesthesia group for his pre-operative questioning. He then had an IV placed by anesthesia person in the preoperative workroom and then transported to the operating room where he was placed prone on the OR table with a Wilson frame under the abdomen. Monitors for blood pressure, EKG, pulse oximetry and heart rate were applied and baseline recordings were entered into the record. The back was prepped and draped in the usual sterile fashion using the solution prescribed by EIRMC.

Continuous monitoring was provided by the anesthesia group from EIRMC. I discussed the procedure with the anesthesia personnel at the first of the day. However, this was with Mary Wald. Now we have another nurse anesthetist assigned to the room and he is very apologetic about the behavior of Dr. Murphy and has stated that he would like to give Brian more sedation than what Dr. Murphy told him to but that his hands are tied and he cannot administer any more sedation than he was told to give to the patient. Brian is very upset by this whole deal but wants to go ahead with the procedure. I explained to the anesthesia personnel that the patient needed to be lightly sedated initially for the placement

Patient: HAWK, Brian DOS: 06/25/04

of the two peripheral leads. Then the patient would need to be awakened after the placement of the leads in the appropriate areas for the stimulation part of the procedure. I explained that the patient needed to be aware of what was going on and be able to answer the questions on whether or not we were covering their areas of pain. I also explained to them that this was the most important part of the procedure. I also told the anesthesia person that I have already prepped the patient for the fact that he will be awakened after the initial placement of the leads, so they are understanding of this portion of the procedure. They have already been through this part of the procedure when we did the trial. After we ascertained that the leads were in the correct position, the patient may have a bit more sedation but the anesthesia personnel must be aware that the patient is prone on the table and it is important that an airway is maintained at all times. The anesthetist once again apologized for not being able to sedate the patient appropriately for the procedure.

I also explained that I would be using up to 60 ml of a mixture of 1% lidocaine mixed with 1/4% bupivacaine with 1:400,000 units of epinephrine PF throughout the procedure and that this local anesthetic would be used in stages and not all at once. The anesthesia person indicated that he understood.

**DESCRIPTION OF PROCEDURE:** Using fluoroscopic imaging the occipital area of the skull was identified and a local skin wheal was then made with approximately 3 ml of the local anesthetic mixture PF through a 25 gauge 1.5 inch needle just lateral to the midline of the occipital region. A small 3 cm incision was then made with an 15 blade through the skin wheal. A 14 gauge Tuohy needle was then introduced through the incision and directed in a lateral direction towards the outer area of the skull from the midline. The needle followed parallel to the occiput until the tip came to lie just behind the ear on the right. I then placed an ANS Octrode lead with eight electrodes through the needle and removed the needle. I then repeated this same procedure with another 14 gauge Tuohy needle starting at the incision site and tunneling the needle lateral towards the left side of the skull just under the skin in the occipital region. I then threaded another ANS lead to the tip of the needle and then removed the needle from this area. No paresthesias were reported by the patient.

The neurostimulator leads were then connected to the connecting cables and the the screener device. The patient was awake during the whole tunneling procedure. He complained severely of pain and the anesthetist once again apologized for the fact that he could not give any more sedation. I then began the stimulation. The patient was asked to report on where the stimulation was felt and whether or not it covered the areas where the patient usually feels pain. The patient reported good stimulation coverage over the head with good coverage of the usual areas of pain with the leads running parallel to the occipital region of the head.

The stylets were then carefully removed and the leads were again checked with fluoroscopic imaging to ascertain possible migration. The cutdown incision was then extended with a 15 blade scalpel to approximately 5 cm in length. I then placed an anchoring stitch using 2-0 silk to the fascia of skull and neck. The anchor for each lead was then slid over the lead and tied in place with the anchoring suture.

Attention was then turned to the Renew receiver site which was placed on the right hip. I used a 25 gauge 1.5 inch needle to inject 20 ml of local anesthetic for the pathway between the leads at the midline to the right hip receiver pack site. Deeper anesthesia was obtained by using a 25 gauge 3.5 inch spinal needle to anesthetize the pocket site as well as the area between the two sites for tunneling. A total of 20 mls was used for this area. I then made an incision with a 15 blade across the right hip area approximately 8 cm in length. A pocket was then made by blunt dissection until the receiver pack would fit into the pocket tightly but with ease. Meticulous hemostasis was obtained with use of the bovey cautery and the pocket was copiously irrigated using sterile water and antibiotic solution.

I then used the tunneling device supplied by ANS to tunnel the two leads to the right hip receiver site. The leads were then attached to the receiver by pushing the end into the receiver until there was a faint pop bilaterally. Then the leads were tightened in place by use of a small screwdriver that was placed into the receiver and tightened. The boots that attach to the receiver were slid up the lead and pushed over the nipple and secured with 2-0 silk. The receiver and the leads were placed into the pocket with the excess lead curled under the receiver. The pocket was then closed after meticulous hemostasis and more irrigation. I used 2.0 vicryl pop-offs for the fascial closure placing buried interrupted sutures. I then used a 2.0 vicryl for the subcutaneous layer using buried interrupted sutures. I then closed the skin using staples. The same closure was done after hemostasis and irrigation at the scalp incision site.

The leads were checked often throughout the procedure to ascertain that there was no migration of the leads by fluoroscopy and by testing the leads with the external battery pack. Brian continued to get good stimulation at the painful area in the neck and head.

A sterile dressing using 4 x 4 gauze was then applied over the incision sites using Medipore tape over the gauze.

Brian tolerated the procedure without difficulty or complications except for as below. Once again, at the end of the case, the anesthetist apologized for the poor anesthetic that was provided and stated that he thought that the patient should have been allowed to have more sedation.

Patient: HAWK, Brian DOS: 06/25/04

EBL: <50 cc

ANESTHESIA: light sedation.

SURGEON: Linderman; present in the room in addition was an ANS representative by the name of Sandra Kienitz, RN and Tim Orr, sales representative.

COMPLICATIONS: Brian was very upset throughout the whole procedure due to the fact that he was given very little sedation and he was totally aware during the procedure. He is very mad at the anesthesiologist, Dr. Murphy who told him that he would get very little sedation. This was all due to the complication that happened earlier in the day with the patient being over sedated by the anesthetist causing negative pressure pulmonary edema with resultant bright red blood being coughed up.

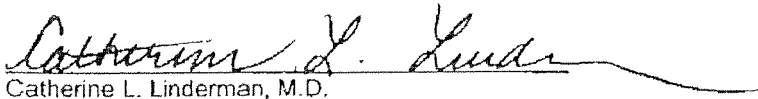
IV FLUIDS: as per anesthesia record

DRAINS: None

CPT: 63650-two leads with sixteen electro-Percutaneous Lead Placement; 63685-Incision & Placement of Receiver or IPG; 95971-Simple Programming; 76003-Fluoroscopy Guidance--all other

DIAGNOSIS: 346.91-MIGRAINE NOS/INTRACTABLE; 723.8-Occipital Neuralgia; 721.0-Cervical Arthritis; 728.85-SPASM OF MUSCLE

DISPOSITION: Brian will go to the PAR and then be discharged home today. He is to return to clinic on June 29th for a follow up visit. He was given post-procedure instructions by me as well as the ANS representative.

  
Catherine L. Linderman, M.D.

Patient: 0000521343 HAWK, BRIAN Physician: LINCA-Linderman, Catherine, M.D. Specialty: OS-OTHER SPECIALTY O.R.: O.R.-4-OPERATING ROOM 4		Account No: 000310735165 Room-Bed/T.Loc: Oper Date: 06/25/04		DOB: 04/24/60 Age: 43 Sex: M		Eastern Idaho RMC Run Date: 06/24/04 Run Time: 1940 Case Closed/Transmitted:		Page: 1					
<b>PROPOSED Procedures</b> p SPINAL CORD STIMULATOR		Severity MAJOR2	R/L/B R/L/B	ANES TYPE MONITORFD ANESTHESIA	ASA CLASS CLASS II	<b>ACTUAL Procedures</b> p SPINAL CORD STIMULATOR			Severity MAJOR2	R/L/B CI	Wound Surgeon LINCA	CUT CL	CL
<b>PRE OP DIAGNOSIS</b> 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.						<b>POST OP DIAGNOSIS</b> 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.							
ES by MELISSA L WOOD on 06/25/04 at 1759						ES by MELISSA L WOOD on 06/25/04 at 1759							
<b>PATIENT ALLERGIES (Last Filed 06/25/04 1146)</b>													
MED: No Known Drug Allergies CONTRAST: No Known Contrast Allergies OTHER: TAPE FOOD: No Known Food Allergies													
<b>CASE TIMES</b> INTO HOLDING: OUT OF OR: 1934		<b>CASE TIMES</b> INTO OR: 1910 INTO RECOVERY:		<b>CASE TIMES</b> ANESTHESIA STARTED: OUT OF RECOVERY:		<b>CASE TIMES</b> CUT: 1742		<b>CASE TIMES</b> CLOSE: 1928					
ES by CONNIE HARPER on 06/25/04 at 1940													
<b>SURGEONS</b> SURGEON Linderman, Catherine, M.D. ASSISTING		<b>IN-OUT</b> IN-OUT		<b>ANES. STAFF</b> ANES. MD Murphy, Marcus E., M.D. ASSISTANT/CRNA Hague, Robert L., CRNA Taylor, Jeff L., CRNA		<b>IN-OUT</b> IN-OUT 1802 1802		<b>OTHER CASE STAFF</b> Scrub ROGERS, BRYAN ANNE ZITLAJ-STOTIS, HILARY Circulator HARPER, CONNIE HUSKINSON, JOE WOOD, MELISSA L Assistant SORENSEN, CHARITY Other LERWILL, LACEE MA ORR, TIM Perfusion		<b>TYPE</b> CST CSI RN RN RN X-RAY X-RAY DR. LINDERMAN'S MA SALE'S REP - ANS		<b>IN-OUT</b> IN-OUT 1830 1830 1800 1907	
ES by CONNIE HARPER on 06/25/04 at 1909				ES by CONNIE HARPER on 06/25/04 at 1909				ES by CONNIE HARPER on 06/25/04 at 1909					

Patient: 0000521343 HAWK, BRIAN Physician: LINCA-Linderman, Catherine, M.D. Specialty: OS-OTHER SPECIALTY O.R.; O-OR-4-OPERATING ROOM 4		Account No: 000318735165 Room-Bed/T.Loc: Oper Date: 06/25/04		DOB: 09/24/60 Age: 43 Sex: M		Eastern Idaho RMC Run Date: 06/25/04 Run Time: 1940 Case Closed/Transmitted:		Page: 2					
Proposed Procedures: p SPINAL CORD STIMULATOR		Severity MAJOR2	R/L/B R/L/B	Anes Type: MONITORED ANESTHESIA		Actual Procedures p SPINAL CORD STIMULATOR		Severity MAJOR2	R/L/B R/L/B	Wound CL	Surgeon LINCA	CUT CUT	CL CL
Pre Op Diagnosis: 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.						Post Op Diagnosis: 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.							

ASSESSMENTS	
06/25/04 1728 HUSKINSON, JOE PATIENT IDENTIFICATION Name: Y Med Record#: Y Is the patient or a member of their family latex sensitive? N DOB: Y Acct Numb: Y Does the patient, or their family, have a history of M/H? N Procedure Verification: Y Family notified: times N Surgical consent signed: Y Skin Integrity: Intact: Y Diaphoretic: History & Physical: ON CHART Warm: Y Cool: All applicable diagnostic studies Dry: Other: and X-Ray film available: Y Lab Results: ON CHART Mental Status: Alert: Y Sedated: Blood Available: N Status: Calm: Y Agitated: Anxious: Confused: Parameters for flash sterilization met: Y Unresponsive: Autoclave #: Other: Steris: Physical/Sensory Limitations: Chemical Soak: Visual: Mobility: Time: Temp: Auditory: Language: Sensory Aids: Comments: NONE TO THE OR.  Pad all bony prominences, consider age, skin condition and mobility. Ensure adequate personnel for transfer to and from OR table. Avoid extreme flexion or extension of joints. OUTCOME: Prevent physical injury and provide safe transport within OR environment. **POTENTIAL FOR INFECTION RELATED TO SURGICAL PROCESS GOAL: No infection related to surgical process Sterilization indicators checked throughout procedure. Surgical site prep per physician preference cards and according to policy. OUTCOME: Maintenance of appropriate sterile technique. Place safety belt across thighs without impaired circulation. Position with good alignment and symmetry.	**POTENTIAL FOR ANXIETY RELATED TO SURGICAL ENVIRONMENT GOAL: Demonstrate decreased anxiety and states adequate understanding. Encourage verbalization of concerns and answer questions. Consider developmental age and stage of pediatric patients in all communication. Explain procedures prior to doing them, answer questions calmly and accurately. OUTCOME: Patient exhibits decreased anxiety and states adequate understanding. **POTENTIAL FOR ALTERATION IN TEMPERATURE GOAL: Patient will maintain adequate temperature. Cover with warm blankets, use warm irrigation and solutions. Keep room warm for pediatric patients. Transport neonates in isolettes or Ohio Warmer. OUTCOME: Patient will have minimal change in temperature. **POTENTIAL FOR INJURY RELATED TO IMPROPER POSITIONING OR TRANSFER GOAL: Prevention of injury to skin integrity, nerves, or joints. Provide comfort measures as needed. *** Changes to Nursing diagnosis outcomes will be documented in operative notes.

**SHAVE/PREP INFORMATION** Site: OCCIPITAL AREA. Razor: Y Clipper: Y Shaved by: DMOCLL LINDERMANN, CATHERINE ES by MELISSA L WOOD on 06/25/04 at 1755	PREPARATION SCREEN Beta, Sol.: Y Beta Scrub: Y Eridine: Alcohol: Duraprep: 5% Betadine Prep Site: OCCIPITAL AREA DOWN TO BUTTOCKS.
--	---

CATH/DRAINS SCREENS ** N/A ** ES by MELISSA L WOOD on 06/25/04 at 1745
--

Patient: D000521343 HAWK, BRIAN Physician: LINCA, Linderman, Catherine, M.D. Specialty: OS-OTHER SPECIALTY O.R.: D. OR-4-OPERATING ROOM 4		Account No: D00310735164 Room-Bed/T.Loc: Oper Date: 06/25/04		DOB: 05/24/60 Age: 43 Sex: M		Eastern Idaho RMC Run Date: 06/25/04 Run Time: 1940 Case Closed/Transmitted:		Page: 3					
<b>Proposed Procedures</b> p SPINAL CORD STIMULATOR		<b>Severity</b> MAJOR?		<b>R/L/B</b> MONITORED ANESTHESIA		<b>Actual Procedures</b> p SPINAL CORD STIMULATOR		<b>Severity</b> MAJOR?		<b>R/L/B</b> CL LINCA		<b>Wound Surgeon</b> CUT CL	
<b>Pre Op Diagnosis:</b> 1. INTRACTABLE MIGRAINE, CERVICAL SYNDROME, CERVICAL ARTHRITIS.						<b>Post Op Diagnosis:</b> 1. INTRACTABLE MIGRAINE, CERVICAL SYNDROME, CERVICAL ARTHRITIS.							
<b>POSITION</b> PRONE.			<b>DEVICES</b> ARM BOARD UNDER ARMS LESS THAN 90 DEGREE FEET TO FLOOR, PADDED. BLANK EGG CRATE OVER WILSON FRAME. UNDER BED SHEET. SAFETY STRAP TWO INCHES ABOVE THE KNEES. OTHER GEL PAD/FOAM PAD OVER CROSS- BAR OF WILSON FRAME. FOAM PADS UNDER/AROUND ELBOWS. PILLOW UNDER HEAD PRE/POST-OP. UNDER LEGS. TOES NOT TOUCHING BED. FRONT WILSON HEAD POSITIONER POSITIONED BY JILL TAYLOR. WILSON FRAME PATIENT POSITIONED SIT ON WILSON FRAME.			<b>DRESSINGS</b> SPONGE 4X4 10'S STERILE FAP MEDIPOR 3" ES by MELISSA I WOOD on 06/25/04 at 1745							
ES by MELISSA I WOOD on 06/25/04 at 1757			<b>EQUIPMENT</b> D. OR XRAY - ARM - C-ARM MACHINE			<b>EQUIPMENT</b> D. OR ROVIE - ROVIE #6 69365 (CAP 502763) **ROVIE PLACEMENT/SETTINGS Placement of Rovie pad: LT P THIGH Rovie Settings: Coag 20 Rovie Settings: Cut 20 Bipolar Settings: 00 Comments: ROVIE SITE CLEAR PRE/POST-OP.							
POS ES by MELISSA I WOOD on 06/25/04 at 1757			<b>EQUIPMENT</b> D. OR HYPOTHERMIA - HYPOTHERMIA UNIT #8 CAP500158 **K-Thermia: Placement: UNDER GEL Temperature: 105F			POS ES by MELISSA I WOOD on 06/25/04 at 1757							

Patient: D000521343 HAWK, BRIAN Physician: LINCA-Linderman, Catherine, M.D. Specialty: OS-ORHLR SPECIALTY O.R.: O-OR-4-OPERATING ROOM 4		Account No: 000310735165 Room/Bed/T Loc: Oper Date: 06/25/04		DOB: 09/24/60 Age: 43 Sex: M		Eastern Idaho RMC Run Date: 06/25/04 Run Time: 1940 Case Closed/Transmitted:		Page: 4																																																																																																							
Proposed Procedures p SPINAL CORD STIMULATOR		Severity MAJOR2		R/L/B Anes Type MONITORED ANESTHESIA		Actual Procedures p SPINAL CORD STIMULATOR		Severity MAJOR2		R/L/B Wound: Surgeon CI LINCA		CUT CL																																																																																																			
Pre Op Diagnosis: 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.						Post Op Diagnosis: 1. INTRACTABLE MIGRAINE CERVICAL SYNDROME, CERVICAL ARTHRITIS.																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>MEDICATIONS ADMINISTERED</th> <th>DOSE</th> <th>QTY</th> <th>ROUTE</th> <th>SITE</th> <th>GIVEN BY</th> </tr> </thead> <tbody> <tr> <td>06/25/04</td> <td>1747</td> <td>STERILE WATER</td> <td>1500ML</td> <td>1</td> <td>IRRIGATION</td> <td>SURG WOUND DMDCLL</td> <td></td> </tr> <tr> <td>06/25/04</td> <td>1747</td> <td>LIDO 2% C/ 1:100,000</td> <td>609140 30 ML</td> <td>1</td> <td>INJECTION</td> <td>SURG WOUND DMDCLL</td> <td></td> </tr> <tr> <td>06/25/04</td> <td>1748</td> <td>MARCAINI 5% PLAIN</td> <td>602787 30 ML</td> <td>1</td> <td>INJECTION</td> <td>SURG WOUND DMDCLL</td> <td></td> </tr> <tr> <td>06/25/04</td> <td>1748</td> <td>RACITRACIN OINT</td> <td>603663</td> <td>1</td> <td>TOPICAL</td> <td>SURG WOUND DMDCLL</td> <td></td> </tr> </tbody> </table>						DATE	TIME	MEDICATIONS ADMINISTERED	DOSE	QTY	ROUTE	SITE	GIVEN BY	06/25/04	1747	STERILE WATER	1500ML	1	IRRIGATION	SURG WOUND DMDCLL		06/25/04	1747	LIDO 2% C/ 1:100,000	609140 30 ML	1	INJECTION	SURG WOUND DMDCLL		06/25/04	1748	MARCAINI 5% PLAIN	602787 30 ML	1	INJECTION	SURG WOUND DMDCLL		06/25/04	1748	RACITRACIN OINT	603663	1	TOPICAL	SURG WOUND DMDCLL		BLOOD PRODUCTS SCREEN ** N/A **																																																																	
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Patient: 0000571343 HAWK, BRIAN Physician: LINCA-Linderman, Catherine, M.D. Specialty: OS-DIHER SPECIALTY O.R.: O-OR-4-OPERATING ROOM 4	Account No: 000310735165 Room-Bed/T.Loc: Oper Date: 06/25/04	DOB: 09/24/60 Age: 43 Sex: M	Eastern Idaho RHC Run Date: 06/25/04 Run Time: 1940 Case Closed/Transmitted:																																																																																																																																				
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OPERATIVE TRANSFER DATA PATIENT DESTINATION: DAY SURGERY CENTER REPORT GIVEN TO: KIRBY, MELISSA RENEE TRANSPORT METHOD: STRETCHER SURGERY OUTCOME: COMPLETED  ES by CONNIE HARPER on 06/25/04 at 1940																																																																																																																																							

Patient: 000021343 HAWK, BRIAN	Account No: D00310/35165	DOB: 09/24/60	Eastern Idaho RMC	Page: 6
Physician: LINCA-Linderman, Catherine, M.D.	Room-Bed/T.Loc:	Age: 43	Run Date: 06/25/04	
Specialty: OS-OTHER SPECIALTY	Oper Date: 06/25/04	Sex: M	Run Time: 1940	
Q.R.: O.R.-4-OPERATING ROOM 4	Case Closed/Transmitted:			

Proposed Procedures p SPINAL CORD STIMULATOR	Severity MAJOR2	R/L/B : Anes-Type MONITOR/D ANESTHESIA	Actual Procedures p SPINAL CORD STIMULATOR	Severity MAJOR2	R/L/B CI	Wound Surgeon CL LINCA	CUT CL
Pre Op Diagnosis: 1. INTRACTABLE MIGRAINE, CERVICAL SYNDROME, CERVICAL ARTHRITIS.			Post Op Diagnosis: 1. INTRACTABLE MIGRAINE, CERVICAL SYNDROME, CERVICAL ARTHRITIS.				

NOTATION

ES = Electronically Signed

USER LEGEND

DMDCL = CATHERINE LINDERMAN

DMDRK = MELISSA RENEE KIRBY

DORDAR = BRIY ANN ROGERS, CLRT SCRUB TECH

DOCTOR/CRNA LEGEND

HAGRO = Robert F. CRNA Hague

LINCA = Catherine Linderman M.D.

USER LEGEND

DORCXH = CONNIE HARPER, REGISTERED NURSE

DORWZZ = HILARY ZITLAW-STILLIS, CLRT SCRUB TECH

DORJAH = JOE HUSKINSON, REGISTERED NURSE

DOCTOR/CRNA LEGEND

MURNE = Marcus L. Murphy M.D.

USER LEGEND

DORWMD = MELISSA L. WOOD, REGISTERED NURSE

DORWAS = CHARITY SORENFSEN, X-RAY TECHNICIAN

DOCTOR/CRNA LEGEND

LAYJE = Jeff L. CRNA Taylor

## EASTERN IDAHO REGIONAL MEDICAL CENTER

PAGE 1 OF 1

## ANESTHESIA RECORD

DATE 6/25/04	ASA CLASS ASA II	HT 161	WT 171	ALLERGY TAPE
ANES. PROVIDER M. J. J. CRNA	MM	PATIENT ID. CHECKED	CONSENT CHECKED	ANES. - EVAL. REVIEWED
		ANES. EQUIP. CHECK	PREOP MEDICATION	ANTIBIOTIC

PROCEDURE OCCIPITAL Spinal Cord Stimulator	SURGEON Linderman	ANES. START 1713	ANES. END 1932
--	-------------------	------------------	----------------

AGENT	1715	30	45	1900	15	30	45	1900	15	30	45	TOTALS
O2 L/min	10	10	10	10	10	10	10	10	10	10	10	
AIR/N2O L/min	10	10	10	10	10	10	10	10	10	10	10	
ISO/DES/SEVO												
PROP/ETOM												
SUCC												
ATR/MIV/ROC/PAV												
FED/SUF/REM/MS	100	100	100	100	100	100	100	100	100	100	100	
MIDAZOLAM												
LIDOCAINE												

FI02	100	100	100	100	99	99	99	98	98	98	
SpO2	100	100	100	100	99	99	99	98	98	98	
ETCO2	35	35	35	35	35	35	35	35	35	35	
ECG	50	50	50	50	50	50	50	50	50	50	
T ES EK											
LP NS	1000										
I & O											
EBL											
UO											

C1												
200												
180												
160												
140												
120												
100												
80												
60												
40												
20												
PIP												
TV												
SPONTANEOUS												
ASSISTED												
CONTROLLED												
SYMBOLS												

AIRWAY: ETT/LMA SIZE NC	REGIONAL W S Q T	TECHNIQUE	NS/LR 90 ml BP
BLADE MOD	NEEDLE G	GENERAL HME	BLOOD
CUFF BSS ETCO2 DIF	AGENTS	MAC	RR SpO2
ORAL NASAL	LEVEL SPACE	SPINAL HUMID. CIRC.	SPINAL LEVEL
MONITORS ECG ETCO2 AUTO BP OXIM	EASY / MOD / DIF / FAILED	EPIDURAL WARM BLNKT.	ALERT / AWAKE / RESPONDS
TEMP STETH O2 MON BLOCK	POSITION: SUP / LAT / SIT	BLOCK (TYPE)	UNRESPONDS / INTUB / VENT
ART PA/CVP TEE	LINES	IV REGIONAL	EXTREMITY PRESSURE

HAWK, BRIAN  
0000521343 09/24/00 M/43  
000316735155 06/25/04 S/C  
Attending: Catherine Linderman

596

E.I.R.M.C.

# Preanesthesia Patient Evaluation Form

HAWK, BRIAN  
0000521343 09/24/60 M/43  
000310735165 06/25/04 SDC  
Attending: Catherine Linderman, M

SILK TAPES OKAY

Date: 6/29/04		Proposed Procedure: OCCIPITAL SPINAL CORD STIM		Evaluator: M	
Allergies: <input type="checkbox"/> None		Hx/Hx: <input type="checkbox"/> None <input checked="" type="checkbox"/> Smokes 2 PPDx YRS <input checked="" type="checkbox"/> ETOH 4000 Drinks/wk <input type="checkbox"/> Drug Abuse		Medications: <input type="checkbox"/> None Klonopin Vioxx Actiq Lexapro	
Anesthesia Hx: <input type="checkbox"/> None <input checked="" type="checkbox"/> No Problems		Problems: <input type="checkbox"/> Headache <input type="checkbox"/> Failed Block <input type="checkbox"/> MH <input type="checkbox"/> N/V <input type="checkbox"/> Difficult Intubation		Family History: <input checked="" type="checkbox"/> No Problems <input type="checkbox"/> MH	
Cardiovascular System: <input type="checkbox"/> Normal		Pulmonary: <input checked="" type="checkbox"/> Normal		Metabolic: <input checked="" type="checkbox"/> Normal	
<input type="checkbox"/> Hypertension <input type="checkbox"/> Borderline <input type="checkbox"/> Good Control <input type="checkbox"/> Treated <input type="checkbox"/> Poor Control <input type="checkbox"/> Untreated		<input type="checkbox"/> Asthma: <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> COPD <input type="checkbox"/> Pneumonia <input type="checkbox"/> Active <input type="checkbox"/> Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <input type="checkbox"/> Bronchitis <input type="checkbox"/> URI now <input type="checkbox"/> Other:		<input type="checkbox"/> Thyroid <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM <input type="checkbox"/> Arthritis <input type="checkbox"/> Limited ROM <input type="checkbox"/> Steroid Dependant <input type="checkbox"/> Cancer: <input type="checkbox"/> Pregnant, EGA Wks	
<input type="checkbox"/> Angina <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Hx of M.I. <input type="checkbox"/> < 6 Mo. Old Date <input type="checkbox"/> > 6 Mo. Old Number <input type="checkbox"/> Complicated		<input type="checkbox"/> CNS: <input type="checkbox"/> Normal <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> TIA's (date): <input type="checkbox"/> CVA (date): Deficit: <input type="checkbox"/> OBS/Retardation <input type="checkbox"/> Cord Injury Level: <input type="checkbox"/> Mental Illness:		GI/GU Systems: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Gastritis or Ulcers No <input type="checkbox"/> GI Bleeding <input type="checkbox"/> Active <input type="checkbox"/> Reflux or Hiatal Hernia <input type="checkbox"/> N/V. Duration: <input type="checkbox"/> Renal Impairment: <input type="checkbox"/> Dialysis - duration:	
<input type="checkbox"/> CHF <input type="checkbox"/> Mild, compensated <input type="checkbox"/> Moderate <input type="checkbox"/> Severe or in Failure		<input type="checkbox"/> OBS/Retardation <input type="checkbox"/> Cord Injury Level: <input type="checkbox"/> Mental Illness:		Pertinent Physical Findings: Dentition: <u>Plaque</u> ROM Neck/Jaw: Intubation Accessment:	
<input type="checkbox"/> Arrhythmias: <input type="checkbox"/> PACs <input type="checkbox"/> PVCs <input type="checkbox"/> A Fib <input type="checkbox"/> Treated <input type="checkbox"/> Untreated		Infectious Disease: <input type="checkbox"/> None <input type="checkbox"/> HBV <input type="checkbox"/> AIDS <input type="checkbox"/> UTI <input type="checkbox"/> OP Site Infected <input type="checkbox"/> SEPSIS		Heart/Lungs:	
<input type="checkbox"/> Heart Block (Type): <input type="checkbox"/> Valvular Disease: <input type="checkbox"/> MVP <input type="checkbox"/> Symptomatic Type: <input type="checkbox"/> PVD - Location: <input type="checkbox"/> Other: <u>17/0 slow rate</u>		Surgical and/or Other History: <u>N&amp;R</u> <u>Knee Surg</u> HL: <u>61</u> Wt: <u>179</u> <input checked="" type="checkbox"/> NPO or Last Intake: <u>0800 - coffee</u>		Pertinent Lab: Pertinent Lab:	

Data Pending:

ASA CLASS: II

Anesthesia and Monitoring planned:

I.V. sedation

Approval:

*[Signature]*

90200

Verbal & Fentanyl only

397

POST ANESTHESIA NOTE  
(circle inpatient or outpatient)

Patient discharged according to criteria, chart reviewed, no apparent complications (outpatient)

or

Complications/Follow up: Ⓢ

or if inpatient

1. Cardiopulmonary status: VSS

2. Level of consciousness: A&O

3. Complications: Ⓢ

( See Progress Notes, circle if needed)

4. Follow up: Ⓢ

Date: 7/16/04

Time: 1130

Anesthesia Provider: Jeff Taylor CRNA

Consent for Anesthesia

1. I request the following types of Anesthesia and or procedures be performed by a qualified member of the Anesthesia Department who is either an M.D. or a C.R.N.A.: E.V. Sedation
2. I realize that the anesthetic may have to be changed possibly without explanation to me.
3. I understand that Advanced Directives will be suspended during surgery unless specifically noted below.
4. I request the use of any monitoring equipment, medications, blood or blood products, and any procedure deemed necessary for the safe conduct of anesthesia with the following exceptions:  
\_\_\_\_\_
5. I understand that certain complications may result from the use of an anesthetic including respiratory problems, drug reaction, paralysis, brain damage, or even death.
6. I assume financial responsibility for the anesthesia services rendered. I understand that anesthesia professional fees are not included with the hospital bill, and will be billed separately.

Signature: [Signature]

PATIENT or GUARDIAN (circle one): relationship \_\_\_\_\_

I have discussed the anesthetic plan and associated risks with this patient or this patient's representative.

M.D. or C.R.N.A. [Signature]

Date 6-25-04

425

EASTERN IDAHO REGIONAL MEDICAL CENTER  
Medical Imaging Department  
3100 Channing Way, Idaho Falls, ID 83403-2077  
Phone: (208) 227-2600 Fax: (208) 529-7018

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		Radiology Report	
PATIENT NAME:	HAWK, BRIAN	SEX:	M
UNIT NUMBER:	D000521343	AGE:	43
ACCOUNT NUMBER:	D00310735165		
ORDERING PHYSICIAN:	Linderman, Catherine, M.D.	ROOM:	D.102 A
RADIOLOGIST:	PETER VANCE, M.D.	STATUS:	DIS IN
DATE OF EXAM:	06/25/2004	RAD NUMBER:	238772

**EXAMS:**

000477160 XR CHEST 2V

**CHEST X-RAY, TWO VIEWS, JUNE 25, 2004.**

PA and lateral views of the chest.

**FINDINGS:** The cardiac silhouette, pulmonary vasculature and lungs appear unremarkable. No focal infiltrates or effusions.

**IMPRESSION: NO EVIDENCE FOR ACUTE CARDIOPULMONARY DISEASE.**

\*\* Electronically Signed by PETER VANCE M.D. on 06/28/2004 at 1658 \*\*  
Reported by: PETER VANCE, M.D.  
Signed by: PETER VANCE, M.D.

CC: Catherine Linderman M.D.

Dictated: 06/28/2004 0953 Tech: BRENDA STOCKS  
Printed: 06/28/2004 1819 Trans: 06/28/2004 1545 by DHICDS

RUN DATE: 06/26/04  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 1

LABORATORY RESULTS

PATIENT: HAWK, BRIAN ACCT #: D00310735165 LOC: D.OG U #: D000521343  
AGE/SX: 43/M REG: 06/25/04  
REG DR: Linderman, Catherine, M. STATUS: DIS INO DIS: 06/25/04

SPEC #: 0625:ID:C00157S COLL: 06/25/04-1054 STATUS: COMP REQ #: 01335629  
RECD: 06/25/04-1054 SUBM DR: Linderman, Catherine, M.D.  
ENTERED: 06/25/04-1047 OTHR DR:  
ORDERED: COMP METABOLIC  
COMMENTS: Comments To Phlebotomist: SURGICAL ADMISSIONS

Test	Result	Flag	Reference	Site
<u>COMPLETE METABOLIC PANEL</u>				
SODIUM	139		136-145 MEQ/L	
POTASSIUM	3.7		3.5-5.1 MEQ/L	
CHLORIDE	100		100-110 MEQ/L	
CO2 (BICARB)	32	H	22-29 MEQ/L	
GLUCOSE	94		70-99 MG/DL	
BUN	13		6-22 MG/DL	
CREATININE	0.9		0.6-1.3 MG/DL	
TOTAL PROTEIN	7.0		6.4-8.2 G/DL	
ALBUMIN	3.9		3.4-5.0 G/DL	
CALCIUM	8.6	L	8.8-10.5 MG/DL	
BILIRUBIN TOTAL	0.3		0.0-1.0 MG/DL	
AST/SGOT	15		8-28 U/L	
ALT/SGPT	46	H	14-44 U/L	
ALK PHOS TOTAL	79		50-136 U/L	

SPEC #: 0625:ID:CG00023S COLL: 06/25/04-1054 STATUS: COMP REQ #: 01335629  
RECD: 06/25/04-1054 SUBM DR: Linderman, Catherine, M.D.  
ENTERED: 06/25/04-1047 OTHR DR:  
ORDERED: PT, PTT  
COMMENTS: Comments To Phlebotomist: SURGICAL ADMISSIONS  
QUERIES: WHAT TYPE OF ANTICOAGULANT IS PATIENT ON? NONE  
WHAT TYPE OF ANTICOAGULANT IS PATIENT ON? NONE

Test	Result	Flag	Reference	Site
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Patient: HAWK, BRIAN Age/Sex: 43/M Acct#D00310735165 Unit#D000521343

600

RUN DATE: 06/26/04  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 2

LABORATORY RESULTS

Patient: HAWK, BRIAN		#D00310735165	(Continued)	
Specimen: 0625:ID:CG00023S		Collected: 06/25/04-1054	(Continued)	
Test	Result	Flag	Reference	Site
<u>PT</u>				
PT	10.2		10.0-12.5 SECONDS	
INR	1.0	L	2.0-3.5 THERAPY	
PTT	28		22-36 SECONDS	
PTT HEP THERAPY RANGE 61-93 (VALIDATED BY ANTI-XA ASSAY)				

SPEC #:	0625:ID:H00095S	COLL:	06/25/04-1054	STATUS:	COMP	REQ #:	01335629
		RECD:	06/25/04-1054	SUBM DR:	Linderman, Catherine, M.D.		
ENTERED:	06/25/04-1047			OTHR DR:			
ORDERED:	CBC						
COMMENTS:	Comments To Phlebotomist: SURGICAL ADMISSIONS						

Test	Result	Flag	Reference	Site	
<u>CBC W/AUTO DIFFERENTIAL</u>					
WBC	8.5		4.0-10.5 K/MM3		
RBC	5.07		4.40-5.90 M/MM3		
HEMOGLOBIN	15.8		13.5-17.5 G/DL		
HCT	46.1		39.8-52.2 %		
MCV	91		80-99 FL		
MCH	31.1		26.6-33.8 PG		
MCHC	34.3		32.0-36.0 G/DL		
RDW	13.3		11.5-14.5 %		
PLT	191		150-450 K/MM3		
MPV	8.8		6.5-11.0 FL		
GRAN %	65.3		47.0-76.0 %		
LYMPH %	25.3	L	26.0-42.0 %		
MONO %	5.6		4.0-13.9 %		
EOS %	3.0		0.0-5.0 %		
BASO %	0.8		0.0-2.0 %		
GRAN #	5.5		1.2-8.0 K/MM3		
LYMPH #	2.1		1.0-4.4 K/MM3		
MONO #	0.5		0.2-1.7 K/MM3		
EOS #	0.3		0.0-0.6 K/MM3		

Patient: HAWK, BRIAN	Age/Sex: 43/M	Acct#D00310735165 Unit#D000521343
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601



RUN DATE: 06/26/04  
RUN TIME: 0300

EASTERN IDAHO REGIONAL MEDICAL CENTER  
3100 CHANNING WAY  
IDAHO FALLS, ID 83404  
(208) 529-6040

PAGE: 3

LABORATORY RESULTS

Patient: HAWK, BRIAN		#D00310735165	(Continued)		
Specimen: 0625:ID:H00095S		Collected: 06/25/04-1054	(Continued)		
Test	Result	Flag	Reference	Site	
BASO #	0.1		0-0.2 K/MM3		

Patient: HAWK, BRIAN	Age/Sex: 43/M	Acct#D00310735165 Unit#D000521343
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602

**CREEKSIDE PAIN CLINIC**  
CATHERINE L. LINDERMAN, M.D.  
2375 East Sunnyside, Suite A  
P.O. Box 1509  
Idaho Falls, ID 83404  
Phone (208) 524-0610 Fax (208) 557-0171

**POSTOPERATIVE ORDERS AND DISCHARGE NOTE**

Patient Name: Brian HAWK

Date of Service: 06/25/04

[REDACTED]

Admit Date: 6/25/04

Discharge Date: 6/25/04

Hospital Stay: less than 24 hours

Pre-Operative Diagnosis: Postoperative Orders

Post-Operative Diagnosis: Same

Procedure: Implantation of the Peripheral Neurostimulator Leads with Receivers

Condition: Satisfactory

Surgeon: Catherine Linderman;

Allergies: Tape

Associated Conditions: Central Sleep Apnea, Cervical Facet Disease, Cervical Radiculopathy, Sleep D/O, Rash-papular, Tension HA with rebound, Cervicalgia, Ms spasm-neck and head, Cluster HA, Hypogonadism, Restless leg, Hot flashes, Depression, Tobacco abuse

Routine PACU Vital Signs: as per protocol

Diet: Ice Chips, sips of water

Activity: out of bed ad lib

Nursing:

1. Encourage turn, cough and deep breathe
2. Incentive Spirometer as needed q 2 hours while awake as needed
3. IV to keep open with LR and then pull prior to discharge

Medications:

1. Resume preoperative medications
2. Give one gram IV Kefzol (Ancef) prior to discharge while in PACU
3. Patient to start Keflex 500 mg TID upon discharge (prescription provided)
4. Pain Medications post operative:
  - a. fentanyl 1-2 ml (50-100 mcg) IV as needed for pain
  - b. morphine 10 mg IM every 4-6 hours prn (give prior to DC)
5. Antinausea:

Patient: HAWK, Brian DOS: 06/25/04

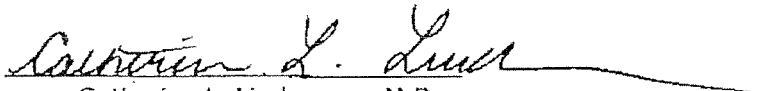
- a. Phenergan 25-50 mg IM Q 4-6 hours prn for r. sea
  - b. Zofran 8 mg IV Q 6-8 hours prn for nausea if no effect from #1
  - c. May use Anzemet or other antiemetic like Zofran with equal doses
6. Anti-itch medications:
- a. Hydroxyzine 25-50 mg IM every 4-6 hours prn

Discharge: When stable and patient has met PACU criteria.

Discharge Meds: As above

Discharge Followup: Appt scheduled: 6/29/04; card provided

Call: For Dr. Linderman call 208-589-4314 cellular, 208-529-4314 home, 208-524-0610 office, 524-7799 answering service;

  
Catherine L. Linderman, M.D.

**CREEKSIDE PAIN CLINIC**  
**CATHERINE L. LINDERMAN, M.D.**  
2375 East Sunnyside, Suite A  
P.O. Box 1509  
Idaho Falls, ID 83404  
Phone (208) 524-0610 Fax (208) 557-0171

**ADMIT ORDERS**

**NAME:** Brian HAWK

**DATE:** 06/25/04

**PROCEDURE:** Spinal Cord Stimulator implantation with use of the generator.

**1. DATE OF ADMIT:** June 25, 2004

**2. DATE OF DISCHARGE:** June 25 or June 26, 2004. This is an outpatient procedure. Plan for discharge after the surgery.

**3. ADMIT TO:** Eastern Idaho Regional Medical Center for outpatient of SCS

**4. DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-CERVICAL SYNDROME NEC;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**5. CONDITION:** Stable

**6. ALLERGIES:** Tape

**7. VITALS:** Vitals upon admission.

**8. ACTIVITIES:** Out of bed ad lib.

**9. NURSING:** Vitals upon admission

**10. DIET:** NPO patient may take his medications with a sip of water.

**11. IV:** Heplock as per anesthesia protocol.

**12. MEDICATIONS:**

Ancef 1 gram 1/2 hour prior to surgery  
Keflex 500 mg 1 po tid for ten days post-operatively. Prescription provided.  
Post-op pain medications as per anesthesia protocol in PACU.

**13. LABS:** STAT labs: (will need to be drawn prior to surgery) CBC, lytes, BUN/creatinine, PT, PTT, PLT. Also, STAT EKG and CXR prior to surgery. These results will need to be available for review prior to surgery.

**14. SPECIAL:**

- a. Fluoroscopy for use in the OR
- b. Ancef one gram IV 1/2 hour prior to going to the OR.
- c. ANS will provide the spinal cord stimulator
- d. Patient to not bathe or shower for four days after placement. Then shower only after four days.
- e. Please call with any questions: office 524-0610, home 529-4314, cell 589-4314. Please call the answering service which is 228-2093 if you are unable to reach me at these numbers listed above.
- f. Small abdominal binder on call to OR for application in surgery.

Patient: HAWK, Brian DOS: 06/25/04

  
Catherine L. Linderman, M.D.

## CREEKSIDE PAIN CLINIC

CATHERINE L. LINDERMAN, M.D.

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

### HOSPITAL ADMISSION

**PATIENT:** HAWK, Brian

**RECORD:** #10762.00

**AGE:** 43 year(s) old

**GENDER:** male

**SPOUSE/SIGNIFICANT OTHER NAME:** ~Flowsheet - Spouse Name (Single Row)~

**REFERRED BY:** WALKER, ERIC, D

**DATE:** 06/25/04

**CHIEF COMPLAINT:** Headaches and cervical pain

**HISTORY OF PRESENT ILLNESS:** []

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-CERVICAL SYNDROME NEC;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**PROBLEM LIST:** Central Sleep Apnea, Cervical Facet Disease, Cervical Radiculopathy, Sleep D/O, Rash-papular, Tension HA with rebound, Cervicalgia, Ms spasm-neck and head, Cluster HA, Hypogonadism, Restless leg, Hot flashes, Depression, Tobacco abuse

**DRUG ALLERGIES OR SENSITIVITIES:** Tape

**CURRENT MEDICATIONS:** Keflex (Dosage: 500 mg SIG: 1 po q 8 hours Dispense: 50 Refills: 2), Mirapex (Dosage: 0.125 mg SIG: 1-2 po qhs), Actiq (Dosage: 800mcg SIG: 2-3 po qd, prn Dispense: 12 twelve Refills: 0), Bextra (Dosage: 20 mg SIG: 1 po qd Dispense: 180 Refills: 4 four), Lexapro (Dosage: 20 mg SIG: 2 po qd Dispense: 60 sixty Refills: 12), Wellbutrin SR (Dosage: 150 mg SIG: 2 po q am Dispense: 270 Refills: 3)

**SOCIAL HISTORY:** Reviewed, updated, and unchanged or as stated above. Alcohol- Denies; Caffeine; Employment: Full time: Full time instructor; Marital Status: Married happily; Tobacco: Cigarettes 1-2 PPD

**FAMILY HISTORY:** Reviewed, updated, and unchanged or as stated above. Parents: Father Deceased; Parents: Mother-Living

#### REVIEW OF SYSTEMS:

**Head:** Daily headaches.

**Eyes:** Blurred vision.

**ENT & Mouth:** No difficulty with taste, smell, or swallowing.

**Cardiovascular:** No chest pain, palpitations, orthopnea, edema, or syncope.

**Respiratory:** SOB with recent weight gain. No cough, sputum production, wheezes, or hemoptysis.

**GI:** Occasional nausea. No abdominal pain, dyspepsia, change in bowel habit, blood in stool.

**GU:** No dysuria, hematuria, frequency, urgency, or discharge.

**Neurological:** Occasional incoordination with gait.

**Musculoskeletal:** Head and cervical pain.

**Psychiatric:** Severe depression.

**Integumentary:** Denies itching, rashes or lesions.

**Endocrine:** Negative for known DM or thyroid disease.

**Lymphatic:** Upper and lower extremity edema.

**Breasts:** No complaints of masses or discharge.

Patient: HAWK, Brian DOS: 06/25/04

**SLEEP:** 3 hours; ( ) Restorative (X) non-restorative; complains of severe sleep latency.

**FUNCTION:** Capable of ADL's.

**IMPACT OF THERAPY:** Minimal improvement since initial visit. Comments: []

**PHYSICAL EXAMINATION:**

**VITALS:** No data for Vitals

**O2 Sat:** []%

**Gen. Appearance:** Well developed 43 year(s) old male in some physical apparent distress. Pleasant, conversant.

**Pain Behavior:** None.

**Head/Face:** NC, AT.

**Eyes/Ears/Nose/Mouth:** PERRLA, EOMI.

**Cardiovascular:** RRR w/o m, r, g. Pulses +2 and equal.

**Respiratory:** Lungs clear, equal BS.

**Musculoskeletal:**

Head: I palpated the suboccipital area which increases only minimally.  
Neck: ROM nl. No active trigger points. Thyroid nl. No instability noted.  
Back: Tenderness and pain reported to the lower and mid lumbar region.  
Chest & Ribs: No asymmetry, crepitation, malalignment, defects, or tenderness. No active trigger points noted. No evidence of instability.  
Shoulders: No asymmetry, crepitation, malalignment, defects, or tenderness. No active trigger points noted. No instability noted.  
Pelvis: No asymmetry, malalignment, defects or tenderness. No active trigger points noted. No instability noted.  
Extremities: ROM nl. No tenderness or deformity present. No active trigger points noted. No instability noted.

Straight leg raise: sitting Exam deferred.  
Straight leg raise: supine Exam deferred.  
Fabers signs were: Exam deferred.  
SI joint stability was: Exam deferred.  
Piriformis exam was: Exam deferred.  
Stork stance: Exam deferred.  
Other: None.

**GI:** Soft, nontender, bowel sounds are normal, CVA's are nontender.

**GU:** Deferred.

**Lymph/Heme:** No edema or petechiae.

**Skin:** Dry, without evidence of rash, lesion, or infection over head, trunk, and extremities.

**Psychiatric:** Mood and affect are appropriate to setting.

**Neurological:**

Mentation: Alert and oriented to person, place and time.  
Affect: Appropriate.  
Speech: Clear without deficit.  
Cranial nerves: Exam deferred.  
Gait: Normal.  
Coordination: Intact to finger-to-nose test and rapid-alternating-movements in upper and lower extremities.  
Sensation: Intact throughout in upper and lower extremities.  
Strength testing: See below  
Deep tendon reflexes: See below

**EDUCATION:** ANS spinal cord stimulator trial.

**PLAN:**

1. Brian is being admitted to EIRMC for a permanent spinal cord stimulator placement.
2. Plan for an outpatient procedure the day of the SCS placement, June 25th.
3. We will plan to taper Brian's medications gradually after the placement of the spinal cord stimulator.

Patient: HAWK, Brian DOS: 06/25/04

4. We will see the patient back in our office for a return patient visit on June 1st to evaluate the medications and progress from the SCS. The ANS representative will be present to help with the stimulation settings. That appointment time will be provided on the day of implantation
5. Brian is to stay on Keflex 500 mg tid for 10 days after the placement.
6. Brian is to continue wearing the abdominal binder that we placed in the OR for four weeks to help the generator to heal in place.
7. Brian is to not bathe, shower, or hot tub for four days. Shower only after that.
8. []

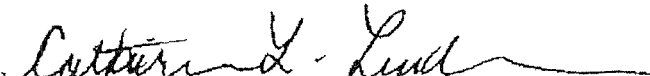
**RETURN PATIENT FOLLOW-UP:** Following the SCS implant.

**PROBLEM LIST:** Central Sleep Apnea, Cervical Facet Disease, Cervical Radiculopathy, Sleep D/O, Rash-papular, Tension HA with rebound, Cervicalgia, Ms spasm-neck and head, Cluster HA, Hypogonadism, Restless leg, Hot flashes, Depression, Tobacco abuse

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-CERVICAL SYNDROME NEC;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**CPT:** 99222-INITIAL HOSP VISIT-50 MIN

**PRESCRIPTION:** No data for Prescription

  
Catherine L. Linderman, M.D.

Billed: []



**CREEKSIDE PAIN CLINIC**

CATHERINE L. LINDERMAN, M.D.

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

**PERCUTANEOUS SPINAL CORD STIMULATOR LEAD TRIAL WITH  
FLUOROSCOPIC PLACEMENT**

**PATIENT:** HAWK, Brian

**RECORD:** # 10762.00

**AGE:** 43 year(s) old years

**DATE OF PROCEDURE:** 06/23/04

**PROCEDURE:** PERCUTANEOUS EPIDURAL NEUROSTIMULATOR LEAD PLACEMENT TRIAL WITH USE OF FLUOROSCOPY FOR PLACEMENT OF SPINAL CORD STIMULATOR TRIAL

**TARGET SITE:** Head and cervical pain.

**PREOPERATIVE DIAGNOSIS:** Chronic Regional Pain Syndrome

**POSTOPERATIVE DIAGNOSIS:** Same

**DATE OF LAST BLOCK:** 10/29/02; Cervical Steroid Epidural Injection; with 0% improvement and 0 days relief.

**ALLERGIES:**

Iodine ( ) Y (X) N;

Anticoagulants ( ) Y (X) N

**OTHER:**

NPO: (X) Y ( ) N;

TRANSPORTATION: (X) Y ( ) N;

PREGNANT: ( ) Y ( ) N (X) DNA

PAIN MEDICATION: ( ) Y (X) N

**CONSENT SIGNED:**

(X) Y ( ) N

**S:** Pain Score 4/10; Pt's subjective complaints: Brain states that he has a headache that goes between his temples. The pain in his head is sharp. He would like to speak with the doctor about his prescription. He states he has an allergy to tape, but the paper tape is all right to use.

**O:** HEIGHT: 6'1" WEIGHT: 170 lbs 0 oz TEMPERATURE: 97.7 PULSE: 79 B/P: 122/69 RR: 16, Pulse Ox: 96%; PE: Brian has no guarding or limited movements. His head is nontender to palpation. Brian was given 1 gram of Ancef in 100 ml NS IV.

**A:** Brian has headache pain and today we will proceed with a spinal cord stimulator trial. If there is success then we will go ahead with the spinal cord stimulator implant.

**P:** Percutaneous Epidural Neurostimulator Lead Placement with use of fluoroscopy for spinal cord stimulation.

**COMMENTS:** The procedure was explained to the patient. Initially a skeletal model was used to give a detailed procedure explanation. Potential complications including bleeding, bruising, headache, infection, cardiac arrest, nerve and spinal cord damage with temporary and/or permanent paralysis, and other serious or life-threatening complications. No guarantee of benefits was given. The patient agreed to have the procedure and signed the consent

HAWK, BRIAN

EC003521343 09/24/00 M:43

000310735165 05/25/04

Attending: Catherine Linderman, M.D.

610

Patient: HAWK, Brian DOS: 06/23/04

**SEDATION:** Versed 5 mg, fentanyl 100 mcg and 100 mg propofol.

**DESCRIPTION OF PROCEDURE:** Pt was taken to the holding area and an IV was placed with LR running. Prior to taking the patient to the OR, the patient was given one gram of Ancef IV. The patient was then taken to the OR, placed supine on the bed with a pillow under the abdomen. Monitors for blood pressure, pulse oximetry, pulse and EKG was placed. Baseline recordings were entered into the record. The neck was then prepped with with betadine solution and draped in the usual sterile fashion.

The occipital groove was located bilaterally and a local skin wheal was then made at the medial aspect of the groove in the midline area bilaterally. The patient was then sedated and the 14 gauge needle was placed through the skin 1 cm off the midline posteriorly and advanced along the occipital groove towards the ear on the left side first. Then the octrode lead was advanced through the needle until it was seen and felt at the tip of the needle. The needle was then pulled back and pressure was placed over the tip of the lead as the needle was pulled back until it was completely out of the skin. Fluoroscopy then revealed that the tip of the lead was just posterior to the ear on the left side. The same procedure was repeated on the right side with the lead being advanced into the same area after the needle placement.

The neurostimulator leads were then connected to the connecting cable and the dual screener device. The patient was then awakened and stimulation was begun. The patient was asked to report on where the stimulation was felt and whether or not it covered the areas where the patient usually feels their pain. The patient reported good stimulation coverage over the head and the posterior ear with some coverage of the usual areas of pain with the lead in the occipital groove bilaterally.

The leads were again checked with fluoroscopic imaging to ascertain possible migration. The neurostimulator leads were then sutured to the skin with an anchor devise using 3.0 prolene. The skin was anesthetized with 2% PF lidocaine prior to suturing. The lead was then further secured to the skin with Tegaderm and Medipore tape and a sterile dressing applied over the operative site.

The patient was observed in the recovery area for pain relief and side effects and when stable was discharged home with post-procedure instructions and a follow-up appointment. We worked doing spinal cord stimulation programming to see if we could get good coverage.

**LEVEL OF LEAD:** suboccipital area in the occipital groove

**COMPLICATIONS:** None.

**PLAN:**

1. I will have Brian wear the device for at least two days. If he finds that it is helpful, I have encouraged him to return to the clinic and let me remove the trial lead to avoid the possibility of an infection. I told him that the least amount of time that the SCS trial lead is in place, the faster we could implant the permanent one. Therefore, he will see how it works and plan to return on Tuesday to have it removed. If he feels that it helps a great deal, he will return sooner to have it removed. I also want him to be on Keflex until we remove the lead.

2. Prescriptions were provided at today's visit for Actiq 1600 mcg and 800 mcg. I will plan to taper Brian's medications following the spinal cord stimulator implant.

**PACU:** To PACU at 1405.

**POST-OP PAIN SCORE:** 1410: 2/10. Pt was monitored in PACU. Vitals: BP 115/82; HR 69; RR 16; T 96.9; O2SAT 95%. Pt alert and oriented, VSS, requests coffee. 1420: Brian spoke with the ANS representative, Tim Orr, reports that his HA comes and goes depending on the amount of stimulation. Tolerating liquids. 1440: Brian is ambulating without complications. 1450: Brian dressed without assistance, and demonstrates ability to adjust his spinal stimulator. Injection site has no dressing and no s/s of infection. IV dc'd, cannula intact. When stable, the patient was discharged home with father to assist at 1505. Post procedure instructions and appointments given.

**COMMENTS:** None

**PAIN LOG GIVEN:** ( ) Y (X) N

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-CERVICAL SYNDROME NEC;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**CPT:** 76005-FLUOROSCOPIC GUIDANCE; 99141-SEDATION-IV, IM, INHALATIONAL; 36000-IV Start; A4550-Large Tray; J0690-x 1-Ancef--One Gram--IV; J2000-5 cc-PF Lidocaine-2%; J2250-5 mg-Versed; J3010-2 cc-Fentanyl; J7120-x

Patient: HAWK, Brian DOS: 06/23/04

two-Lactated Ringers--500 cc; J3490-100 mg-Propofol; 63650-Percutaneous Lead Placement; 95973-Complex Programming-each addl 30 minutes

**PRESCRIPTIONS:** Actiq (Dosage: 800mcg SIG: 2-3 po qd, prn Dispense: 12 twelve Refills: 0); Actiq (Dosage: 1600 mcg SIG: 2-3 po qd, prn Dispense: 12 twelve Refills: 0); Keflex (Dosage: 500 mg SIG: 1 po q 8 hours Dispense: 50 Refills: 2)

*Catherine L. Linderman, M.D.*

Catherine L. Linderman, M.D.

Billed: 06/23/04

## CREEKSIDE PAIN CLINIC

CATHERINE L. LINDERMAN, M.D.

2375 East Sunnyside, Suite A

P.O. Box 1509

Idaho Falls, ID 83404

Phone (208) 524-0610 Fax (208) 557-0171

### RETURN PATIENT VISIT

PATIENT: HAWK, Brian

RECORD: #10762.00

AGE: 43 year(s) old

GENDER: male

SPOUSE/SIGNIFICANT OTHER NAME: ~Flowsheet - Spouse Name (Single Row)~

REFERRED BY: WALKER, ERIC, D

DATE: 01/12/04

CHIEF COMPLAINT: Daily headaches, neck pain, and depression

**HISTORY OF PRESENT ILLNESS:** The patient presents today with a pain score of 8/10. He described the character of the pain as 'spikes and constant'. He states that his headaches are medium, yet every now and again he gets some pretty bad ones, he believes that this may be due to his sleep cycle. Brian states that he did not get a MRI of his head done yet. He also states that at his last visit he was given a trial of Zyprexa, which made him gain 30 lbs in one month. He states that he was told by Amber to discontinue this prescription, so he did. Brian states that when we changed him from Paxil to Lexapro he actually thinks that it helped. We had him on a dosage of 30 mg but was told to go back to 20 mg by someone in this clinic. He states that he felt much better on the 30 mg. Brian states that he has continued with his weekly counseling sessions as requested. Brian brings with him today results from his recent blood draw, they are as follows: TSH 5.781, Testosterone 394, Protein 5.8, Albumin 3.3. Brian also states that he has an appointment to see Dr. Brait on February 23rd for a sleep study and Botox. Brian returns today to review test results and discuss further treatment options.

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-Occipital Neuralgia;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**PROBLEM LIST:** Central Sleep Apnea, Cervical Facet Disease, Cervical Radiculopathy, Sleep D/O, Rash-papular, Tension HA with rebound, Cervicalgia, Ms spasm-neck and head, Cluster HA, Hypogonadism, Restless leg, Hot flashes, Depression, Tobacco abuse

**DRUG ALLERGIES OR SENSITIVITIES:** Tape

**CURRENT MEDICATIONS:** Aciphex (Dosage: 20 mg SIG: qd pm), Depo-Testosterone (Dosage: 100 mg SIG: 1 ml every ten days IM), Testosterone Cypionate (Dosage: 200 mg/ml SIG: 1/2 ml every ten days Dispense: one vial-10 ml Refills: 4), Actiq (Dosage: 1600 mcg SIG: 1 po pm severe headache pain, max 2 q week Dispense: 8-eight Refills: 12/20/03), Bextra (Dosage: 20 mg SIG: 1 po bid Dispense: 180 Refills: 4 four), Duragesic patch (Dosage: 100 mcg SIG: Apply to skin q 72 hours Dispense: 10-ten Refills: 12/20/03), Klonopin (Dosage: 1 mg SIG: 1 po qhs Dispense: 30 Refills: 11/12/03), Lexapro (Dosage: 20 mg SIG: 1 po qd Dispense: 90 Refills: 4), Wellbutrin SR (Dosage: 150 mg SIG: 1 po TID Dispense: 270 Refills: 3)

**SOCIAL HISTORY:** Reviewed, updated, and unchanged or as stated above. Alcohol- Denies; Caffeine; Employment: Full time: Full time instructor; Marital Status: Married happily; Tobacco: Cigarettes 1-2 PPD

**FAMILY HISTORY:** Reviewed, updated, and unchanged or as stated above. Parents: Father Deceased; Parents: Mother-Living

#### REVIEW OF SYSTEMS:

**Head:** Daily headaches to the temporal and occipital areas. He states that they 'spike' during the day.  
**Eyes:** He states that he does see Blurriness and colored lights.  
**ENT & Mouth:** Denies any problems with taste, smell swallowing.  
**Cardiovascular:** None

**Respiratory:** He had SOB with weight gain.  
**GI:** Denies constipation, but does have nausea.  
**GU:** Denies any problems with frequency or voiding.  
**Neurological:** The patient reports occasional incoordination with his gait.  
**Musculoskeletal:** Neck, head, lower back and increased numbness to all extremities.  
**Psychiatric:** The patient reports severe depression. He states the change from Lexapro to Paxil has worsened his depression.  
**Integumentary:** Deferred.  
**Endocrine:** Received a TSH reading, will review at today's visit.  
**Lymphatic:** Swollen ankles and wrists, bilaterally.  
**Breasts:** Deferred.

**SLEEP:** 3 hours; ( ) Restorative (X) non-restorative. The patient states that he wakes every forty seconds and never gets any deep sleep.

**FUNCTION:** Capable of ADL's.

**IMPACT OF THERAPY:** Minimal improvement since initial visit.

**PHYSICAL EXAMINATION:** Physical exam limited. We spent the majority of the time discussing test results, treatments, and concerns about Brian's demeanor.

**VITALS:** TEMPERATURE: 96.1 PULSE: 69 B/P: 109/68 RR: 16  
 O2 Sat: 96%

**Gen. Appearance:** Well developed 43 year(s) old male in no apparent distress.

**Pain Behavior:** None.

**Head/Face:** NC, AT.

**Eyes/Ears/Nose/Mouth:** Exam deferred.

**Cardiovascular:** Exam deferred.

**Respiratory:** Exam deferred.

**Musculoskeletal:**

Head:	I palpated the suboccipital area which increases his pain only minimally
Neck:	No real pain generators in his neck that I could palpate
Back:	Exam deferred.
Chest & Ribs:	Exam deferred.
Shoulders:	Exam deferred.
Pelvis:	Exam deferred.
Extremities:	Exam deferred.
Straight leg raise: sitting	Exam deferred.
Straight leg raise: supine	Exam deferred.
Fabers signs were:	Exam deferred.
SI joint stability was:	Exam deferred.
Piriformis exam was:	Exam deferred.
Stork stance:	Exam deferred.
Other:	None.

**GI:** Exam deferred.

**GU:** Deferred.

**Lymph/Heme:** Exam deferred.

**Skin:** Exam deferred.

**Psychiatric:** His depression is worse, as per Brian.

**Neurological:**

Mentation:	Alert and oriented to person, place and time.
Affect:	Flat affect, good eye contact, more open to suggestions.
Speech:	Clear without deficit.
Cranial nerves:	II-XII were deferred.
Gait:	Normal.
Coordination:	Exam deferred.
Sensation:	Exam deferred.
Strength testing:	See below
Deep tendon reflexes:	See below

Muscle Strength:		Right	Left	
Neck flexors	C1 - C2	+	+	Comments:
Neck extensors	C1 - C8	+	+	Comments:
Deltoids	C5 - C6	+	+	Comments:
Biceps	C5 - C6	+	+	Comments:
Triceps	C7	+	+	Comments:
Wrist extensors	C6	+	+	Comments:
Wrist flexors	C7	+	+	Comments:
Finger flexors		+	+	Comments:
Intrinsics	T1	+	+	Comments:
Thumb extension	C8	+	+	Comments:

Hip flexors	L1 - L2	+	+	Comments:
Hip extensors	L4 - S1	+	+	Comments:
Knee flexors	S1 - S2	+	+	Comments:
Knee extensors	L3	+	+	Comments:
Dorsiflexion	L4 - S2	+	+	Comments:
Plantarflexion	L5 - S2	+	+	Comments:
Pronate/supinate	L5 - S1	+	+	Comments:
EHL	L4 - L5	+	+	Comments:

REFLEXES:		Right	Left	
Biceps	C5 - C6	+	+	Comments:
Triceps	C7	+	+	Comments:
Brachioradialis	C5 - C6	+	+	Comments:
Patellar	L3 - L4	+	+	Comments:
Ankle	L5 - S2	+	+	Comments:
Babinski				Comments:
Hoffman's				Comments:
Clonus		+ beats	+ beats	Comments:

**PROCEDURE NOTE:** None

**PROBLEM SEVERITY:**

1. Risk of morbidity without treatment is high.
2. Risk of mortality without treatment is high secondary to suicidal ideations.
3. Expectation of outcome is:
  - ☐ a. Full recovery without functional impairment
  - ☒ b. Uncertain
  - ☐ c. Probable prolonged functional impairment.

**COUNSELING, COORDINATION OF CARE & MEDICAL DECISION MAKING:** I spent 5 minutes doing the physical examination and then spent 20 minutes counselling the patient. Brian and I talked about where we were going from here. He saw Dr. Ken Brait, a neurologist from Ketchum, who wants to redo his sleep study but he wants to do it with him off all opiates. He also wants an MRI of his head which we will order. I also wrote him out a tapering schedule of how to get down on the opiates. He is on a 100 mcg fentanyl patch now. I told him to go down by 25 mcg every 5 days until he is off the patch completely. I also told him to go on to Oxycontin once he is done with the patches, and then to taper off the Oxycontin slowly as well until he has to convert to oxycodone and then to taper slowly with that. He is to use the Actiq that he has for the very severe headaches. He also has some Toradol injections at home and I told him that he could also use the Toradol no more than two times per week. I also gave him a prescription for clonidine for symptoms of withdrawal to use as he needs them. I also wrote him a prescription for a head MRI to have done prior to going to see Dr. Brait in February. We gave him prescriptions for tapering of his pain medications. He may feel a lot better just getting off all of these medications.

His thyroid studies all appear to be in the normal range. I don't know where his headaches may be coming from, but they could be associated with the C2DRG or the atlantoaxial joints or the atlanto-occipital joints. I will see what Dr. Brait has to offer before we do anymore invasive procedures on him. I will set him up for C2DRG injections to see if he has pain from the structures.

**EDUCATION:** As above.

**PLAN:**

1. We will raise Brian's Lexapro 10 mg. instead of 20 mg. He will call us when he needs a refill for this.
2. Brian was given a order for a MRI of the head, requested by Dr. Brait.
3. We will plan to taper Brian's pain medications for Dr. Brait so that the scheduled sleep study on the 23rd of February will be accurate.
4. We will plan for Brian to drop off the Duragesic patches by 25 mcg every five days.
5. Brian was also given a prescription of Clonidine tablets to help him as he tapers off the medications.
6. RX refills
7. Tens unit.
8. Consider C2DRG injections to see if his headache improves. If so, do a pulsed RF on the DRG. Also, we may want to consider doing A-A injections or A-0 injections.

**PHYSICAL THERAPY:** ☐ New Physical Therapy Evaluation  
☐ Return PT Visit  
☐ Schedule for a series of TPI  
☐ Pool Therapy three times per week for 16 week  
☐ Reevaluation for new problem

**PSYCHOLOGY:** ☐ New Patient Evaluation  
☐ Beck Depression Inventory  
☐ MMPI

**RETURN PATIENT FOLLOW-UP:** In three-four weeks to see how he is doing with the taper.

**PROBLEM LIST:** Central Sleep Apnea, Cervical Facet Disease, Cervical Radiculopathy, Sleep D/O, Rash-papular, Tension HA with rebound, Cervicalgia, Ms spasm-neck and head, Cluster HA, Hypogonadism, Restless leg, Hot flashes, Depression, Tobacco abuse

**DIAGNOSIS:** 346.91-MIGRAINE NOS/INTRACTABLE;723.8-Occipital Neuralgia;721.0-Cervical Arthritis;728.85-SPASM OF MUSCLE

**CPT:** 99214-RETURN PT VISIT-25 MIN

**PRESCRIPTION:** Actiq (Dosage: 1600 mcg SIG: 1 po 3 X week Dispense: 12, twelve Refills: 0); Clonidine (Dosage: 0.2 mg SIG: 1 tab po bid for signs and symptoms of withdrawal Dispense: 60, sixty Refills: 1); Duragesic patch (Dosage: 25 mcg SIG: 1 patch Q 3 days Dispense: #2 (two) Refills: 0); Duragesic patch (Dosage: 75 mcg SIG: 1 patch Q 3 days Dispense: #2 (two) for tapering of Duragesic Refills: 0); Duragesic patch (Dosage: 50 mcg/hr SIG: 1 patch Q 3 days Dispense: #2 (two) for tapering of Duragesic Refills: 0); oxycodone (Dosage: 5 mg SIG: Take one tablet po bid X 3 days, then a tab QD X Days, then stop. Dispense: 15, fifteen Refills: 0); Oxycontin (Dosage: 10 mg SIG: 2 tabs po bid x 3 days, then 2 AM & 1 PM X 3 days, then 1 AM & PM x 3 days, then 1 AM X 3days then stop Dispense: 30 thirty Refills: 0)

*Catherine L. Linderman, M.D.*

Catherine L. Linderman, M.D.

Billed: 1/23/04

HAWK, BRIAN

Unit Number D000521343 Account Number D00310735165 Service GYN Status ADM INO

PATIENT

SEC NO DOB AGE SEX MS Religion VIP CONF  
[REDACTED] [REDACTED] 43 M M D.OTH  
RAFE FINANCIAL  
UNK PPO

Address: 1185 SPRUCE  
POCATELLO, ID 83201

PATIENT EMPLOYER

IDAHO STATE UNIVERSITY  
741 S. 7TH/MGDCARE  
POCATELLO ID 83201  
Work Phone: (208)236-0211  
Occupation: INSTRUCTOR  
Home Phone: (208)233-3281  
Patient Language: ENGLISH

GUARANTOR

HAWK, BRIAN

SS#: [REDACTED]

GUARANTOR EMPLOYER

IDAHO STATE UNIVERSITY

Address: 1185 SPRUCE  
POCATELLO, ID 83201  
Home Ph: (208)233-3281

Relation: PATIENT

741 S. 7TH/MGDCARE  
POCATELLO, ID 83201  
Work #: (208)236-0211

OTHER GUARANTOR

HAWK, MARY ELLEN

Address:  
Occupation:

OTHER GUARANTOR EMPLOYER

IGOC  
UNK . . .

PERSON TO NOTIFY

Home#: Work#: [REDACTED]  
Relation to Patient: [REDACTED]

NEXT OF KIN

HAWK, HOWARD/JENNIE  
Home#: (208)232-7114 Work#: (208)251-7114  
Relation to Patient: [REDACTED]

INSURANCE #2

Mail To:

IPLAN#:

AUTHORIZATION

Treat/Percent:  
Ins Verify:  
Rel Assign Pro Review:  
Contact:  
Group Name:

Policy Number:

Group:

Subscriber:

DOB:

Relation to Patient:

Coverage:

INSURANCE #3

Mail To:

IPLAN#:

AUTHORIZATION

Treat/Percent:  
Ins Verify:  
Rel Assign Pro Review:  
Contact:  
Group Name:

Policy Number:

Group:

Subscriber:

DOB:

Relation to Patient:

Coverage:

OCCURRENCES

TYPE DATE TIME  
11 06/25/04

CONDITIONS

LAST HOSPITALIZATION:

Adm Cmt: VERIFIED/ NO ID

ATTENDING PHY: Linderman, Catherine, MD MDT PHY: Linderman, Catherine, MD PHY: [REDACTED]

PRIM CARE PHY:

FHL PHY:

OTH PHY:

Date Time Source

Room/Bed

Arrival

Admitting Diagnosis/Reason For Visit

Admit Clerk

06/25/04 1950 PR

D.102-A

SPINAL CORD STIMULATOR

DBOKEH

PATIENT PRIMARY OUTPATIENT LOCATION: D.0G

OTHER OUTPATIENT LOCATION:

NEWBORN ID:

Emergency Department Only - Arrival:

Into Room:

EASTERN IDAHO REGIONAL MEDICAL CENTER 3100 CHANNING WAY IDAHO FALLS, ID 83404





YOU ARE URGED TO FOLLOW the instructions which are CHECKED and the SPECIAL INSTRUCTIONS on this sheet.

1. Food & Drink

- ☒ Begin with liquids and light foods (Jello, soup). Progress to your normal foods if not nauseated.
- ☒ NO alcoholic beverages for 24 hours.
- ☐ May resume your usual food and drink.

2. Activities

- ☒ Do not drive automobiles or operate hazardous machinery for 24 hours.
- ☒ Limit your activities for 5-7 days.
- ☐ You may resume your usual daily activities.

3. Wound Care

- ☒ A small amount of blood is to be expected. DO NOT be alarmed. If you feel the amount is excessive, apply pressure and call your doctor.
- ☐ Keep dressing dry and change as necessary.
- ☐ DO NOT change dressing and keep dry until you are seen by your doctor.
- ☐ Apply ice pack to affected area.

4. Special Instructions

Call your doctor if the affected area becomes swollen and painful or if your temperature is over 101° °F. *pus type drainage*

Bathing Instructions: No Shower or bath for 4 days Then Shower only for 4 days

Other Instructions: Call Dr. Linderman if intolerable pain

4. Prescription of Keflex 500mg 3 times daily sent home with patient. USE AS DIRECTED.

5. Follow-up Care

You should see Dr. Catherine Linderman Date: \_\_\_\_\_ Time: \_\_\_\_\_

6. IF ANY PROBLEMS OCCUR OR IF YOU HAVE ANY FURTHER QUESTIONS, please contact your physician by phone, # 524-0610. If you cannot reach your physician, contact or go to the hospital Emergency Room, which is closest to you.

I have read and understand these Home Care Instructions. A copy has been received.

Date: 6-25-04 Time: 1215

Nurse's Signature [Signature]

Patient/Significant Other's Signature [Signature]

EASTERN IDAHO REGIONAL MEDICAL CENTER

DAY SURGERY  
**HOME CARE INSTRUCTIONS**  
**GENERAL MINOR SURGERY**

NS1123 Rev. 12/94 KCC

ADDRESSOGRAPH

HAWK, BRIAN  
D000521343 09/24/60 M/43  
D00310735155 06/25/64 SD  
Attending: Catherine Linderman, MD

618

# **EXHIBIT B**

FILED IN COURT OF THE STATE OF IDAHO  
504-001-1111

RECEIVED  
AUG 28 2006

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**IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE**

MARVIN F. MORGAN,

Plaintiff,

v.

MICHAEL ALEXANDER DEMOS,  
M.D., JOHN D. CHAMBERS, JR., M.D.,  
AND IDAHO HEART INSTITUTE P.C.,

Defendants.

Case No. CV-06-4332

OPINION, DECISION, AND ORDER  
ON PARTIES' MOTIONS FOR  
SUMMARY JUDGMENT

**I.  
FACTUAL AND PROCEDURAL BACKGROUND**

Ella Morgan underwent treadmill and stress testing in January 2004 at the Idaho Heart Institute. As a result of the tests, Dr. Chambers recommended an angiogram for further testing. Mrs. Morgan scheduled an angiogram for February 3, 2004, which Dr. Chambers said he would perform. Instead, Dr. Demos performed the procedure.

On February 23, 2005 Mrs. Morgan died.

On August 3, 2006 Plaintiff, Mrs. Morgan's widower, filed a Complaint in Bonneville County, seeking damages against Defendants for Mrs. Morgan's wrongful death, arguing that Defendants' negligence in treating Mrs. Morgan proximately caused her death.

On November 23, 2007 Defendants filed this Motion for Summary Judgment, arguing that Plaintiff did not timely file the complaint and that Plaintiff did not produce necessary expert

testimony.

On May 28, 2008 Plaintiff filed a Summary Motion Memorandum, arguing against Defendants' motion and requesting summary judgment, arguing that Defendants did not present facts in their affidavits.

On June 9, 2008 this matter came before the court. Both sides presented argument and the court took this motion under advisement at that time.

After considering the Court's file, pleadings, depositions, admissions, affidavits, and the argument of counsel, the Court renders the following opinion.

## II. STANDARD OF REVIEW

Rule 56(c), Idaho Rules of Civil Procedure, provides that "summary judgment shall be granted forthwith if the pleadings, depositions, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law." *DBSI/TRI V v. Bender*, 130 Idaho 796, 801, 948 P.2d 151, 156 (1997) (citing *Mutual of Enumclaw Ins. Co. v. Roberts*, 128 Idaho 232, 234, 912 P.2d 119, 121 (1996)).

When assessing the motion for summary judgment, all controverted facts are to be liberally construed in favor of the nonmoving party. Furthermore, the trial court must draw all reasonable inferences in favor of the party resisting the motion. *Litz v. Robinson*, 131 Idaho 282, 283, 955 P.2d 113, 114 (Ct.App.1998) citing *G & M Farms v. Funk Irrigation Co.*, 119 Idaho 514, 517, 808 P.2d 851, 854 (1991) and *Sanders v. Kuna Joint School Dist.*, 125 Idaho 872, 874, 876 P.2d 154, 156 (Ct.App.1994). If reasonable people could reach different conclusions based on the evidence, the motion must be denied. *Farm Credit Bank of Spokane v. Stevenson*, 125 Idaho 270, 272, 869 P.2d 1365, 1367 (1994); *Olsen v. J.A. Freeman Co.*, 117 Idaho 706, 720,

791 P.2d 1285, 1299 (1990).

The nonmoving party “may not rest upon the mere allegations or denials of that party’s pleadings, but the party’s response, by affidavits or as otherwise provided..., must set forth specific facts showing that there is a genuine issue for trial.” I.R.C.P. 56(e). In attempting to establish such facts, “a mere scintilla of evidence or only slight doubt as to the facts” is insufficient to create a genuine issue of material fact. *Samuel v. Hepworth, Nungester & Lezamiz, Inc.*, 134 Idaho 84, 87, 996 P.2d 303, 306 (2000). In other words, “the party opposing the motion must present more than a conclusory assertion that an issue of fact exists.” *Coghlan v. Beta Theta Pi Fraternity*, 133 Idaho 388, 401, 987 P.2d 300, 313 (1999).

### **III. ANALYSIS**

#### **A. Statute of Limitations**

Defendants argue that Plaintiff’s claim against the Idaho Heart Institute must fail because it violates the Statute of Limitations. I.C. § 5-219(4) requires that actions based on professional malpractice for wrongful death must be brought within two years.

Additionally, Defendants argue that filing an application for pre-litigation screening by the Board of Medicine could not toll the statute of limitations because the Idaho Heart Institute is a professional corporation and is not subject to the provisions of the pre-litigation statute.

Plaintiff argues that the statute of limitations was tolled when he filed an application for pre-litigation screening because under the law of professional corporations, the corporation is liable for the acts of its employees. I.C. § 30-1304.

I.C. § 6-1001 states:

The Idaho state board of medicine, in alleged malpractice cases involving claims for damages against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the

state of Idaho, is directed to cooperate in providing a hearing panel in the nature of a special civil grand jury and procedure for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho, which proceedings shall be informal and nonbinding, but nonetheless compulsory as a condition precedent to litigation.

The statute of limitations is tolled for any claim subject to I.C. § 6-1001 “during the time that such a claim is pending before such a panel and for thirty (30) days thereafter.” I.C. § 6-1005.

Defendant would argue that the Idaho Heart Institute is not a physician, surgeon, or acute care general hospital, and that I.C. § 6-1001, and thus § 6-1005, does not apply.

Plaintiff urges this court to adopt the reasoning found in *Foster v. Traul*, Bannock County Case CVPI-01-00070-B. In *Foster*, Judge Smith determined that under the doctrine of *respondeat superior* a physician’s employer is also a physician for the purposes of I.C. § 30-1304 and that the tolling provision of I.C. § 6-1005 applies.

Though this court is not bound by the decisions of other district courts, it may consider such opinions persuasive authority. *Respondeat superior* requires that “a master, or employer, is responsible for the torts of his servant, or employee, when they are committed within the scope of the servant's employment.” *Smith v. Thompson*, 103 Idaho 909, 911 (Ct. App. 1982)(citing *Scrivner v. Boise Payette Lumber Co.*, 46 Idaho 334 (1928)).

Here Drs. Chambers and Demos have acknowledged that they are employees of the Idaho Heart Institute. The advantages of a professional corporation require the law to view the corporation as a single legal entity; it would be incongruous to treat the professional liability of the employees separately from the liability of the employer.

Defendants Chambers and Demos are physicians, and the Idaho Heart Institute is, for the

purposes of the statute, a “physician” and the statute of limitation was tolled for the time the claim was before a pre-litigation panel and for 30 days thereafter.

Mrs. Morgan died February 23, 2004; Plaintiff filed the pre-litigation request on January 21, 2005. On January 21, 2005 Plaintiff had 14 months and 2 days to file the claim under the statute of limitations. The pre-litigation panel filed its report and recommendation on June 24, 2005. Plaintiff had until September 26, 2006 to file his complaint against Defendants and filed the complaint on August 3, 2006. The statute of limitations does not bar Plaintiff’s claim against Defendant Idaho Heart Institute.

### **B. Community Standard of Health Care**

Defendants next argue for summary judgment on the grounds that Plaintiff has not produced expert testimony showing a breach of the applicable standard of care.

I.C. § 6-1012 states:

In any case, claim or action for damages due to injury to or death of any person, brought against any physician and surgeon or other provider of health care, including, without limitation, any dentist, physicians' assistant, nurse practitioner, registered nurse, licensed practical nurse, nurse anesthetist, medical technologist, physical therapist, hospital or nursing home, or any person vicariously liable for the negligence of them or any of them, on account of the provision of or failure to provide health care or on account of any matter incidental or related thereto, *such claimant or plaintiff must, as an essential part of his or her case in chief, affirmatively prove by direct expert testimony and by a preponderance of all the competent evidence, that such defendant then and there negligently failed to meet the applicable standard of health care practice of the community in which such care allegedly was or should have been provided*, as such standard existed at the time and place of the alleged negligence of such physician and surgeon, hospital or other such health care provider and as such standard then and there existed with respect to the class of health care provider that such defendant then and there belonged to and in which capacity he, she or it was functioning.

Defendants correctly read I.C. § 6-1012 to require Plaintiff to prove that Defendants failed to meet the local standard of care through expert opinion testimony.

Plaintiff has presented an affidavit of Dr. Jay Schapira, a cardiologist practicing in Los Angeles. Idaho law requires expert witnesses from outside the state to “possess actual knowledge of the local community standard. If he is board certified in the same specialty, he must, at a minimum, inquire of a local specialist to determine whether the community standard varies from the national standard for that board-certified specialty.” *Strode v. Lenzi*, 116 Idaho 214, 216 (1989)(citing *Buck v. St. Clair*, 108 Idaho 743 (1985)). The Idaho Supreme Court has also said an out-of-state physician may become familiar with the local community standard of care by "a review of a deposition stating that the local standard does not vary from the national standard, coupled with the expert's personal knowledge of the national standard." *Grover v. Smith*, 137 Idaho 247, 251 (2002)(quoting *Perry v. Magic Valley Reg'l Med. Ctr.*, 134 Idaho 46, 51-52 (2000)).

Dr. Schapira is a board certified cardiologist, and he has inquired of a local physician to determine that the local standard does not vary from the national standard. Additionally, Dr. Schapira has reviewed the Defendant physicians' depositions where they stated that the local standard does not vary from the national standard. Dr. Schapira's affidavit meets the requirements of I.C. § 6-1012 and *Strode* and *Grover*.

Dr. Schapira's affidavit is based on his personal knowledge and sets forth specific facts showing that there is a genuine issue for trial.

### **C. Informed Consent**

Defendants seek Summary Judgment of Plaintiff's claim for lack of informed consent, contending that Idaho law requires expert testimony on the community standard for consent. Plaintiff seeks to recover on a theory of lack of informed consent, arguing that Mrs. Morgan was not informed of the risks associated with an angiogram or of reasonable medical alternatives to



the procedure.

To establish a claim for lack of informed consent, the plaintiff must prove three elements: nondisclosure, causation, and injury. *Sherwood v. Carter*, 119 Idaho 246, 257 (1991).

Defendants argue that without expert testimony Plaintiff has not established the nondisclosure element of the claim.

Under I.C. § 39-4506, consent is valid if:

[T]he physician or dentist to whom it is given or by whom it is secured has made such disclosures and given such advice respecting pertinent facts and considerations as would ordinarily be made and given under the same or similar circumstances, by a like physician or dentist of good standing practicing in the same community.

Defendants argue that I.C. § 39-4506 requires plaintiffs in an informed consent case to present expert testimony to establish a violation of the local community standard of disclosure. Defendants contend that I.C. § 39-4506 is akin to the local community standard of care requirements for I.C. §§ 6-1012 and 6-1013. However, with I.C. § 6-1012 the legislature explicitly requires plaintiffs to present expert testimony in order to pursue a medical malpractice claim. No such limitation exists in statute for a claim for lack of informed consent.

Additionally, Defendants are unable to cite any Idaho cases that would support the notion that every informed consent claim must be accompanied by expert testimony.

Defendants cite several cases from other jurisdictions to support their argument. Even among the cases cited by Defendants, courts are split in their requirements for expert testimony to pursue a claim for informed consent. In Illinois, expert testimony is required unless the matter is one of common knowledge or within the experience of the layman. *Weekley v. Solomon*, 510 N.E.2d 152 (Ill. Ct. App. 1987). In Pennsylvania, expert testimony is only "*required to establish the existence of risks in a specific medical procedure, the existence of alternative methods of*

*treatment and the existence of risks attendant with such alternatives.” Festa v. Greenburg*, 511 A.2d 1371, 1376 (Pa. Supp. 1986)(emphasis in original). In some jurisdictions, expert testimony is never required to establish the scope of the physician’s duty to disclose. *Festa*, 511 A.2d at 1376 (citing *Cross v. Trapp*, 294 S.E.2d 446 (W.Va.1982); *Gerety v. Demers*, 92 N.M. 396, 589 P.2d 180 (1978); *Sard v. Hardy*, 281 Md. 432, 379 A.2d 1014 (1977)). In Florida and Arizona expert testimony is apparently always required. *Id.* (citing *Thomas v. Berrios*, 348 So.2d 905 (Fla.App.1979); *Rodriquez v. Jackson*, 118 Ariz. 13, 574 P.2d 481 (1977)).

Here, the question of when Idaho law requires expert testimony is moot, because Plaintiff has presented expert testimony on the issue of informed consent. In his affidavit, Dr. Schapira concludes, after having reviewed their depositions, that Defendants failed to properly inform Mrs. Morgan of the dangers of the angiogram and of viable alternatives to the procedure. It is not necessary for the purposes of this case to determine whether Idaho law requires expert testimony to establish the scope of a physician’s duty to disclose, as Plaintiff has met any possible requirement to do so. Dr. Schapira’s affidavit satisfies the undoubtedly more stringent criteria for out-of-state expert testimony set forth both in Idaho statute and case law for expert witnesses in a medical malpractice case; there is no indication that some other limitation prevents his testimony on this issue.

#### **D. Plaintiff’s Request for Summary Judgment**

Plaintiff urges the court to grant summary judgment on the issue of community standard of care, arguing that Defendants failed to set forth specific facts in their depositions. Courts “may grant summary judgment to a non-moving party even if the party has not filed its own motion with the court. A motion for summary judgment allows the court to rule on the issues placed

before it as a matter of law; the moving party runs the risk that the court will find against it.”

*Harwood v. Talbert*, 136 Idaho 672, 677 (2001).

Reviewing the affidavits of Defendants shows that they have sworn to specific facts regarding their training and treatment of Mrs. Morgan sufficient to establish a genuine issue of fact for trial.


#### **IV. CONCLUSION**

Plaintiff's request for summary judgment is DENIED.

Defendants' Motion for Summary Judgment is DENIED.

**IT IS SO ORDERED.**

Dated this 28 day of August, 2008.



---

Jon J. Shindurling  
District Judge

# CERTIFICATE OF SERVICE

I hereby certify that on this 28 day of August, 2008, I served a true and correct copy of the foregoing OPINION, DECISION, AND ORDER ON DEFENDANTS' MOTION FOR SUMMARY JUDGMENT upon the parties listed below by mailing, with the correct postage thereon, or by causing the same to be delivered to their courthouse boxes.

## Attorney for Plaintiff

Lowell N. Hawkes  
1322 East Center  
Pocatello, Idaho 83201

## Attorney for Defendants

Matthew F. McColl  
Quane Smith  
P.O. Box 519  
Boise, Idaho 83701

Ronald Longmore  
Clerk of the District Court  
Bonneville County, Idaho

by Grace Walter  
Deputy Clerk

# **EXHIBIT C**

Law Offices of  
**LOWELL N. HAWKES, CHARTERED**  
1322 East Center  
**Pocatello, Idaho 83201**  
(208) 235-1600

Licensed in Idaho and Utah


Fax (208) 235-4200

May 23, 2006

**VIA FAX (208) 327-7005**

Ms. Nancy Kerr, Executive Director  
Idaho State Board of Medicine  
1755 Westgate Drive, Suite 140  
P.O. Box 83720  
Boise, Idaho 83704

Re: Prelitigation Hearing Panel Request  
Patient: Brian Hawk

  
Date of Procedure: June 25, 2004

Dear Ms. Kerr:

Please consider this letter as a formal request on behalf Brian Hawk, pursuant to *Idaho Code* §6-1001, et seq., for a Prelitigation Hearing Panel. Your prompt acknowledgment of this Request and scheduling of a hearing will be appreciated.

**Patient and Dates**

The patient at issue is Brian Hawk, a resident of Pocatello. The date that is the focus of this Request is June 25, 2004 when Mr. Hawk underwent a Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy at Eastern Idaho Regional Medical Center.

**Health Care Providers**

Information presently available to us is that the following are prospective defendants in professional liability litigation:

Marcus E. Murphy, M.D.  
Intermountain Anesthesia, P.A.  
1601 E. 17<sup>th</sup> Street  
Idaho Falls, ID 83404

Any professional corporation or entity connected with any of the above are also prospective defendants in professional liability litigation.

**Claim To Be Processed**

On June 25, 2004 Mr. Brian Hawk went to Eastern Idaho Regional Medical Center for the Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy. Dr. Marcus E. Murphy of Intermountain Anesthesia, P.A. was the Anesthesiologist in charge of overseeing, monitoring, and insuring proper administration of anesthetic during this procedure.

Dr. Murphy negligently failed to properly medicate and anaesthetize Mr. Hawk resulting in undue and unnecessary pain and suffering in violation of the duties owed to Mr. Hawk. Dr. Murphy refused the requests of Mr. Hawk and other medical personnel to properly medicate Mr. Hawk. The Nurse Anesthetists conveyed that Dr. Murphy refused to allow additional medication. The Nurse Anesthetists were at all times working under the direction, control, and responsibility of Dr. Murphy.

**Damages**

The damages are those special and general damages, without limit, incidental to the professional liability claim asserted herein.

Sincerely,

  
LOWELL N. HAWKES

LNH/kj  
cc: Brian Hawk

\* \* \* Memory TX Result Report ( May. 23. 2006 9:54PM ) \* \* \*

1) Lowell Hawkes  
2)

Date/Time: May. 23. 2006 9:53PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4746	Memory TX	912083277005	P. 2	OK	

## Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 2) Busy

E. 4) No facsimile connection

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**Patient and Dates**

The patient at issue is Brian Hawk, a resident of Pocatello. The date that is the focus of this Request is June 25, 2004 when Mr. Hawk underwent a Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy at Eastern Idaho Regional Medical Center.

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May 23, 2006

**VIA FAX (208) 327-7005**

Ms. Nancy Kerr, Executive Director  
Idaho State Board of Medicine  
1755 Westgate Drive, Suite 140  
P.O. Box 83720  
Boise, Idaho 83704

Re: Prelitigation Hearing Panel Request  
Patient: Tom L. Strong

██████████ ██████████  
Date of Procedure: June 25, 2004

Dear Ms. Kerr:

Please consider this letter as a formal request on behalf Tom L. Strong, pursuant to *Idaho Code* §6-1001, et seq., for a Prelitigation Hearing Panel. Your prompt acknowledgment of this Request and scheduling of a hearing will be appreciated.

**Patient and Dates**

The patient at issue is Tom Strong, a resident of Idaho Falls. The date that is the focus of this Request is June 25, 2004 when Mr. Strong underwent a Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy at Eastern Idaho Regional Medical Center.

**Health Care Providers**

Information presently available to us is that the following are prospective defendants in professional liability litigation:

Marcus E. Murphy, M.D.  
Intermountain Anesthesia, P.A.  
1601 E. 17<sup>th</sup> Street  
Idaho Falls, ID 83404

Any professional corporation or entity connected with any of the above are also prospective defendants in professional liability litigation.

**Claim To Be Processed**

On June 25, 2004 Mr. Tom Strong went to Eastern Idaho Regional Medical Center for the Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy. Intermountain Anesthesia, P.A. personnel improperly and negligently administered and monitored the administration of medication resulting in negative pressure pulmonary edema and the coughing up of significant amounts of blood.

Dr. Marcus E. Murphy of Intermountain Anesthesia, P.A. was the Anesthesiologist in charge of overseeing, monitoring, and insuring proper administration of anesthetic during this procedure. Dr. Murphy negligently failed to oversee and monitor the anesthesia personnel and monitoring the administration of medication resulting in negative pressure pulmonary edema and the coughing up of significant amounts of blood.

The above negligence resulted in undue and unnecessary pain and suffering of Mr. Strong and in violation of the duties owed to Mr. Strong.

**Damages**

The damages are those special and general damages, without limit, incidental to the professional liability claim asserted herein.

Sincerely,



LOWELL N. HAWKES

LNH/kj  
cc: Tom Strong

\* \* \* Memory TX Result Report ( May. 23. 2006 9:53PM ) \* \* \*

1) Lowell Hawkes  
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Ms. Nancy Kerr, Executive Director  
 Idaho State Board of Medicine  
 1755 Westgate Drive, Suite 140  
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Re: Prelitigation Hearing Panel Request

Patient: Tom L. Strong

Date of Procedure: June 25, 2004

Dear Ms. Kerr:

Please consider this letter as a formal request on behalf Tom L. Strong, pursuant to *Idaho Code* §6-1001, et seq., for a Prelitigation Hearing Panel. Your prompt acknowledgment of this Request and scheduling of a hearing will be appreciated.

**Patient and Dates**

The patient at issue is Tom Strong, a resident of Idaho Falls. The date that is the focus of this Request is June 25, 2004 when Mr. Strong underwent a Placement of Peripheral Neuro Stimulator Leads and Receiver with use of Fluoroscopy at Eastern Idaho Regional Medical Center.

**Health Care Providers**

Information presently available to us is that the following are prospective defendants in professional liability litigation:

CONFIDENTIAL

**IDAHO STATE BOARD OF MEDICINE  
PRELITIGATION SCREENING PANEL**

Complaints of  
Thomas Strong and Brian Hawk

Against Intermountain Anesthesia, P.A. and Marcus E. Murphy, M.D.

\* \* \*

November 10, 2006 — 1:00 p.m.

Racine Law Offices — Pocatello, Idaho  
Brent Roche, Chair  
Dr. Patrick E. Farrell & Jocelyn Hughes, Panelists

\* \* \*

Lowell N. Hawkes  
LOWELL N. HAWKES, CHARTERED  
1322 East Center  
Pocatello, Idaho 83201  
(208) 235-1600

\* \* \*

CONFIDENTIAL

*The information contained herein is confidential and privileged pursuant to Idaho Code §6-1001. These hearing brochures are furnished to panel members exclusively for their use incidental to these prelitigation proceeding; they need not be returned but are not authorized for disclosure beyond members of this Panel.*

### **CERTIFICATE OF SERVICE**

I certify that on this 18<sup>th</sup> day of October, 2010 I faxed a copy of the foregoing (*excluding* Exhibit A which counsel already has copies of) to Kevin J. Scanlan and Richard E. Hall of Hall, Farley, Oberrecht & Blanton, P.A., 702 West Idaho, Suite 700, Boise, Idaho 83701, FAX 208-395-8585.



LOWELL N. HAWKES